



City of Salford.

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ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1940.

BY

H. OSBORNE,

MEDICAL OFFICER OF HEALTH.

66193





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# Members of the Health Committee,

## 1940-41.

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Alderman J. A. WEBB, J.P., M.B.E.,  
*Deputy-Mayor and Chairman of the Health Committee.*

Councillor H. KITCHIN, *Deputy-chairman.*

Councillor CROOKELL, J.P.  
*(Mayor).*

Alderman CUTTIFORD, J.P.

„ HIGGINBOTTOM.

„ SANDS, J.P.

„ WEBB, L.

Councillor BELL.

„ BINNS.

Councillor CRABTREE.

„ FEARNEHOUGH.

„ HAMPSON.

„ HAYNES.

„ HURST.

„ JOHNSON, G.

„ OPENSHAW, J.P.

„ SHLOSBERG.

The following members were co-opted upon the undermentioned Sub-Committees, viz. :—

Maternity and Child Welfare Sub-Committee—Mrs. WADE, representing the Manchester and Salford Women Citizens' Association; Mrs. HARGREAVES, representing the Ladies' Public Health Society; and Mrs. CATTERALL, representing the Women's Co-operative Guild.

## STAFF.

## Public Health Department.

---

Medical Officer of Health.....	}	H. OSBORNE, M.D., M.R.C.S., D.P.H., etc.
Administrative Tuberculosis Officer ....		
Clinical Tuberculosis Officer .....		E. N. RAMSBOTTOM, M.A., B.Sc., M.D. (Lond.), D.P.H., etc.
Maternity and Child Welfare Medical Officers.....	{	M. SPROUL, M.B., Ch.B., D.P.H.
		K. M. Boyes, M.B., Ch.B., D.P.H.
		M. MAXWELL-REEKIE, M.B., Ch.B.
Consulting Obstetrician.....		W. R. ADDIS, M.C., M.B., Ch.B.
City Pathologist.....		G. J. CRAWFORD, B.Sc., M.D., M.R.C.P. (Lond.), D.P.H.
Assistant Pathologist.....		L. STENT, M.D., M.R.C.S., L.R.C.P.
Venereal Diseases Medical Officer.....		R. MARINKOVITCH, M.D.
Asst. Venereal Diseases Medical Officers.		F. M. BLADES, M.B., Ch.B. N. S. TAYLOR, M.B., Ch.B.

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## HOPE HOSPITAL.

## WHOLE-TIME STAFF.

Medical Superintendent.....	J. DUDGEON GILES, O.B.E., M.D. (Edin.). (to 23rd December, 1940).
Deputy Medical Superintendent.....	GEORGE BROWN, M.B., Ch.B., F.R.C.S. (Edin.).
Physician.....	WILLIAM MACKAY, M.D., F.R.F.P.S. (Glas.).
Obstetric Officer .....	C. G. ROWORTH, M.R.C.S., L.R.C.P., M.B., B.S. (Lond.), M.C.O.G. (on Active Service). Acting Obstetric Officer— J. KRUGER, B.Sc., L.R.F.P. & S. L.R.C.P. & S.
Assistant Medical Officers.....	SEVEN.

## VISITING (PART-TIME) STAFF.

General Physician.....	G. J. LANGLEY, M.D., F.R.C.P. (Lond.).
Physician for Diseases of Children.....	CATHERINE CHISHOLM, C.B.E., B.A., M.D. (Manch.).

HOPE HOSPITAL—VISITING (PART-TIME) STAFF—*Continued.*

Obstetrician and Gynæcologist.....	W. R. ADDIS, M.C. M.B., Ch.B.
Orthopædic Surgeon.....	S. M. MILNER, M.A., M.B., Ch.B. (Cantab and Manch.), M.R.C.S., L.R.C.P. (Lond.), F.R.C.S., Eng.
Surgeon for Diseases of the Ear, Nose and Throat.....	W. B. MCKELVIE, M.D., F.R.C.S. (Edin.).
General Surgeon.....	H. T. SIMMONS, B.Sc., M.B., Ch.B., Ch.M, (Manch.), L.R.C.P., M.R.C.S. (Lond.). F.R.C.S., Eng. (to 29th February, 1940).
	T. STEWART HESLOP, M.B., Ch.B., F.R.C.S. (from 1st March, 1940).
Anæsthetist, Radiologist and Lecturer	J. GHOSH, F.R.C.S.I., D.P.H.

## LADYWELL SANATORIUM.

Medical Superintendent.....	W. EDGE, M.R.C.S., L.R.C.P., D.P.H.
Assistant Resident Medical Officer....	F. T. P. BERGIN, B.A., M.B., Ch.B., B.A.O.
Visiting Aural Surgeon .....	W. B. MCKELVIE, M.D., F.R.C.S. (Edin.).

## NAB TOP SANATORIUM.

Medical Superintendent.....	H. M. FLEMING, B.A., M.D., D.P.H.
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Public Analyst.....	G. H. WALKER, Ph.D., B.Sc., F.I.C.
Chief Administrative Assistant.....	E. WOOD.
Chief Sanitary Inspector.....	S. MELLOR.

TO THE HEALTH COMMITTEE OF THE CITY OF SALFORD.

Mr. Chairman and Gentlemen,

I have the honour to present my report upon the health of the City and the work of the Public Health Department during 1940.

### **Population.**

The Registrar-General's estimate of the population of Salford for 1940 was 173,200 as compared with 196,600 for the previous year. This decrease, although accentuated by the recruitment of men and women for His Majesty's Forces, and by abnormal movements of population brought about by the war, *e.g.*, evacuation under the Government Scheme and privately, as well as transfers to other occupations outside the City, is symptomatic of the reduction in Salford's population, which has been steadily taking place since 1927, when the peak figure of 247,600 was attained. It would be futile to prophesy at this stage of the war as to the figure at which Salford's population may eventually be stabilised, but a considerable increase in the immediate after-war years may reasonably be expected with the return of men and women, who are now in the Forces, to civil life, as well as the immigration of a substantial proportion of evacuees. Much will depend, of course, upon the preparation of schemes for replanning this and contiguous areas which may profoundly affect the mode of living and the distribution of this community. It is possible, of course, that the whole structure of Local Government as we know it to-day, may be fundamentally changed. A thoroughly comprehensive new scheme would include the spreading out of large sections of the population of congested industrial areas like Salford, but it is obvious that such a scheme could not be carried out in the limited confines of this City, where it has been so difficult to find suitable housing sites for even the modest rehousing schemes which were implemented in pre-war years.

### **Death Rate.**

In spite of the reduction in population, a marked feature of the year was the increase in the number of deaths, from 2,703 in 1939 to 3,300 in 1940. The most notable causes of the increase were deaths due to—(a) Respiratory diseases, and (b) Violence.

In the former case it is probable that the increase in atmospheric pollution brought about by the raising of restrictions upon the production of smoke has been largely responsible for the increase in the number of deaths from Bronchitis by 158.

Hostile attack accounted for the increase in the deaths from violence (other than suicide) from 77 to 285.



A study of the deaths in age groups shows that apart from violent deaths the increases are confined, to a very great extent, to persons over 45 years of age. Such a result is only to be expected, for the strain of abnormal conditions such as restrictions in diet, the black-out, loss of sleep and overwork, more readily affect persons who have reached and passed middle-life than those who are young or in their prime.

### **Birth Rate.**

The Births which occurred during 1940 (viz., 2,884) number only 41 fewer than those in 1939, but the reduction in population caused the rate to rise from 14·9 to 16·6 per thousand of the population. The actual number of births is, however, the lowest recorded in the tables included in this Report, which date from 1878. It is interesting to note that whereas in that year the population was 160,277, the birth rate was then 44·7, the actual number of births being 7,164.

### **Maternity and Child Welfare.**

The infantile mortality rate for 1940 was 76 per thousand births, an increase of 7 per thousand as compared with the rate for the previous year. This increase can be ascribed only to the exceptional conditions resulting from the war. Even so, this is the third lowest rate recorded in the City, the rates for 1938 and 1939 having been 74 and 69 respectively.

It is interesting to compare the position in 1940 (the first complete year of the War) with that in the first complete year of the Great War, namely: 1915, when the infantile mortality rate was 134.

The great improvement which has taken place in this generation is due to a certain extent to improvements in social conditions generally, but in the opinion of the writer, principally to the operation of the Maternity and Child Welfare Scheme.

Proposals for new and additional clinics which were under consideration before the outbreak of war and which had almost reached a concrete stage could not, of course, be proceeded with during 1940. I trust that it may be possible in post-war years to bring about considerable improvements in the clinic facilities provided by the Maternity and Child Welfare Scheme.

### **Tuberculosis.**

No unusual events marked the administration of the Tuberculosis Scheme during the year 1940, and every effort was made to enable this important branch of the Health Committee's activities to operate normally throughout the year. Fortunately, the bed accommodation at Nab Top Sanatorium and Ladywell Sanatorium and Isolation Hospital remained unaffected by enemy action. The Tuberculosis Clinic and the visiting of patients and contacts were carried on as usual in spite of difficulties caused by staff changes.



The death rate from Phthisis increased from 0.9 in 1939 to 1.1 in 1940. Although the number of deaths from Tuberculosis increased as compared with 1939, the increase in the rate is attributed mainly to the fact that it is calculated on the reduced population whereas the great majority of the deaths were those of patients who had been ill for a considerable time. In these circumstances, the increase in the rate suggests a worse condition than is warranted by the facts and it is probable that the rate for 1941 will be less than that for 1940.

### **Ladywell Sanatorium and Isolation Hospital, Nab Top Sanatorium, and Hope Hospital.**

As stated in my last Report, the various schemes for modernising and improving these institutions have been postponed indefinitely. Whether they will be developed in whole or in part during the war-years it is impossible to forecast at this juncture.

Finance is not the only consideration in arriving at a decision whether to build or not in time of war. The availability of material, the urgency of the work, the vulnerability of the area to enemy attack—all these points must be taken into consideration before any new scheme other than a purely protective measure can be brought forward.

#### **LADYWELL SANATORIUM AND ISOLATION HOSPITAL.**

In the case of this institution, the first two months of 1940 were featureless, for it was not until early in March that, owing to the termination of the arrangements with the Stockport Corporation for the admission of child patients to the Infectious Diseases Hospital of that Authority, this type of patients was again admitted to the Ladywell Sanatorium. By great good fortune and in spite of its dangerous situation, the Hospital escaped serious damage from air attack during the whole of 1940.

#### **NAB TOP SANATORIUM.**

The fortunate (judged from a war-time stand-point) situation of the Nab Top Sanatorium, enabled that institution to carry on during 1940 on a footing which did not depart greatly from the normal.

Even in 1940, however, could be discerned the first signs of a disease which is spreading a blight over hospital administration in many places, that is to say, the shortage of both Nursing and Domestic Staff, but particularly the latter. So many other occupations offer greater advantages as to money and liberty, particularly at the present time, that lack of recruits for domestic service need occasion no surprise. It does, however, produce great anxiety and extreme inconvenience for Hospital Managements, and unless some measures to counteract the shortage are introduced, it will be difficult to maintain hospital administration at its present standard.

## HOPE HOSPITAL.

The year 1940 saw Hope Hospital continuing its great and beneficent work for the people of Salford, under the leadership of Dr. Giles.

Undisturbed by air attack during the greater part of the year, there began in the Autumn a series of incidents which culminated at the end of December in the great disaster which robbed the Hospital in one night of its Medical Superintendent, Matron, Assistant Steward, its Head Porter, Head Plumber and a Clerk.

The names of those who lost their lives on the night of 22nd and 23rd December, 1940, are set out below as a permanent record of officials who died in the service of their fellow citizens:—

Dr. J. Dudgeon Giles, M.B.E., Medical Superintendent.

Miss M. J. C. Ross, Matron.

Mr. H. Perrett, Assistant Steward.

Mr. N. Hertzog, Head Porter.

Mr. W. Nicholls, Head Plumber.

Mr. C. Bradshaw, Junior Clerk.

Mrs. Giles, wife of the Medical Superintendent, and Mrs. Hankins, wife of the Steward, were also killed in the same raid.

This disaster, besides terminating these valuable lives, put out of action not only the Administration Block (and in so doing destroyed practically the whole of the Hospital's records) but also approximately half of the bed accommodation.

It is impossible to speak too highly in praise of the Staff of the Hospital, which restored order from chaos under the worst possible conditions and in a remarkably short space of time. The only matter for congratulation in connection with this incident was that not a single patient was seriously injured. Much credit is due to the arrangements made by the Ministry of Health under the Emergency Hospital Scheme for the evacuation within a few hours of the disaster of large numbers of patients to other institutions. These arrangements were completed without a hitch.

It may be invidious to single out individuals for special mention when all performed their duties so admirably and with such devotion, but I feel special mention should be made of Mr. Brown, Deputy Medical Superintendent of the Hospital, on whom fell the main burden of responsibility at a critical hour, and of Mr. Hankins, the Steward, who, in spite of his domestic affliction, stayed at his post throughout the emergency.

I feel that this necessarily brief and incomplete record should not be concluded without a special reference to the work of that great Medical Superintendent and personality, Dr. J. Dudgeon Giles, who, by his wise counsel, his long and expert experience of hospital administration and his gifts of persuasion and foresight, assisted the Board of Guardians and later the Health Committee to raise the status of the Hospital to that of one of the largest and best equipped

Municipal Hospitals in the country. Dr. Giles' untiring and devoted efforts on behalf of his patients, whose welfare held first place in his scheme of things, made him one of the best loved and best known figures in the public life of Salford. Could he have had his choice, one could well imagine that he would have sought no fitter way of ending his life's work than while still attending his patients in his beloved Hospital.

### **Report of Public Analyst.**

On account of limitation of space the report of the Public Analyst has been curtailed as compared with normal years. The possibility of the increased adulteration of Food and Drugs under war-time conditions, however, has been kept in mind, and the attention paid to this essential branch of the Public Health Services has been at least as great as in peace-time.

### **Civil Defence Casualty Services.**

Much effort was devoted by members of the staff of the Health Department during 1940 to the improvement and development of the Casualty Services, which necessarily suffered from improvisation in the early months of the War.

This scheme, of course, has been prepared and administered under the ægis of the Civil Defence Emergency Committee and, for this reason, I do not propose to dwell at length upon the subject, nor have I included any particulars of the services provided in this report. I think it desirable, however, in fairness to the members of the staff of the Health Committee concerned, to state that the services stood up manfully to the strain of the heavy raiding which took place in Salford at the end of 1940.

### **Valediction.**

And now, gentlemen, as your medical officer has already passed the age when he should retire to make way for a younger official, and as in consequence this report is the last one that he will be privileged to submit to you, perhaps a brief valedictory message may not be considered out of place.

It is with genuine personal regret that this farewell letter is penned. Throughout a long official career, relations both with the Salford Health Committee and with the staff of the Health Department—also, it may be added, with the staffs of the other corporation departments—have been most cordial.

Your Committee has ever given the most sympathetic consideration to all proposals for the betterment, directly or indirectly, of health conditions in Salford, and whole-hearted co-operation has always been forthcoming. In spite of financial restrictions, inevitable in an area such as ours, much has been achieved, progress has been easy and pleasant and as a result the Salford Health Department has become an organisation to be proud of. The smooth working of the administrative machine has been unimpeded by friction: enthusiasm of the staff and willing co-operation between the various sections have swept away many difficulties.



The advent of war in September, 1939, was a great calamity. Health activities had necessarily to take second place to the one great purpose—that of ensuring our national survival. A new organisation, embracing the provision of first aid for air raid victims had to be undertaken, and health activities were forced more and more into the background. The crowning instance of this retrogression was the Government instruction to the effect that emission of smoke from chimneys should be *encouraged*. Such proceeding may be justified on the grounds of lessened visibility to enemy aircraft, but from the health officer's point of view it is an absolute mockery. The outrage to the health conscience which such retrograde action involves, and the hold-up of health reforms make it easier to relinquish the reins of office at this time: in this respect one's sympathy is with the successor.

The termination of the present world catastrophe will be the opportunity for a great forward movement for better health conditions. Of these, Salford's greatest needs are (1) a clean atmosphere and (2) improved housing. The first can only be achieved by a national effort involving national control of the country's fuel resources, but the second is a local problem.

Under present chaotic conditions, the respiratory organs of human beings are irreparably damaged by huge emissions of inflammable coal products that should be conserved and used for power and transport. Gross national waste goes hand in hand with avoidable mortality and ill-health.

As to housing, it is an appalling thought that the majority of working-class dwellings lack the provision of hot water and baths which are so essential to human well-being. How difficult must it be for families so handicapped to maintain a satisfactory standard of cleanliness. When such facilities are provided, the great work of instruction of the public in personal hygiene will be made easier.

In conclusion, gentlemen, may it be permitted to express the feeling of personal loss which this official severance entails. Besides the regular committee and sub-committee meetings, there were many occasions when your medical officer was also privileged to meet your chairman and deputy-chairman for the free and helpful discussion of current problems. The recollection of these meetings, official and otherwise, will remain an abiding source of pleasure to

Your obedient servant,

H. OSBORNE,

Medical Officer of Health.

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## SECTION I.

## Mortality Statistics.

## STATISTICAL SUMMARY, 1940.

**Area.**—The City of Salford has a total area of 5,202 acres.

**Population.**—(Registrar-General's Estimate at Mid-year, 1940)..... 173,200  
 „ (Census, 1931)..... 223,438

**Density.**—The Mean Density of the City is equal to 33·3 persons per acre.

Live Births	{	Legitimate	1,386	Males,	1,346	Females	.....	2,742
		Illegitimate	70	„	72	„	.....	142
							Total	<u>2,884</u>

Annual Rate of Births per 1,000 of the Population..... 16·6

Still Births	{	Males	87	}	Total.....	171
		Females	84			

Annual Rate of Still Births per 1,000 Total Births..... 56·0

Deaths	{	Males	1,798	}	.....	3,300
		Females	1,502			

Annual Rate of Mortality per 1,000 of the Population..... 19·1

Percentage of total deaths occurring in Public Institutions.....49·1 per cent.

## Deaths from Puerperal Causes :—

	Deaths.	Rate per 1,000 Total Births.
Puerperal Sepsis.....	...	...
Other Puerperal Causes.....	7	2·3
	<u>7</u>	<u>2·3</u>
Total	7	2·3

## Death-rate of Infants under one year of age per 1,000 live births :—

Legitimate, 75.	Illegitimate, 70.	Total.....	76
Deaths from Measles (all ages).....			7
„	„	Whooping Cough (all ages).....	9
„	„	Diarrhoea (under 2 years of age).....	24

TABLE M. 1.  
DEATHS IN WARDS FOR THE YEAR 1940.

CAUSES OF DEATH.	AT ALL AGES.													
	City.	Albert Park.	Charlestown.	Claremont.	Crescent.	Docks.	Kersal.	Langworthy.	Mandley Park.	Ordsall Park.	Regent.	St. Matthias.	St. Paul's.	St. Thomas.
Enteric Fever.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever.....	9	2	5	1	1	1	...	1	1	1	...	1	...	2
Whooping Cough.....	15	...	...	...	2	...	...	2	3	1	...	2	...	1
Diphtheria and Croup.....	40	7	1	...	...	1	3	...	...	...	3	7	2	1
Influenza.....	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Erysipelas.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of Respiratory System.....	199	12	8	5	8	25	13	13	12	12	17	17	12	10
Tuberculous Meningitis.....	11	1	...	1	...	2	1	1	...	1	1	1	1	...
Other Tuberculous Diseases.....	23	2	...	...	3	3	1	1	1	1	...	4	2	2
Syphilis.....	5	...	...	...	2	...	...	...	...	2	...	...	...	...
General Paralysis of the Insane, etc.....	5	1	...	...	...	...	...	...	...	1	...	...	...	1
Cancer (Malignant Disease).....	341	23	14	20	24	15	18	24	32	16	18	21	22	23
Diabetes.....	31	2	2	1	1	4	3	1	4	3	1	1	...	...
Rheumatic Fever.....	13	1	3	...	1	2	...	1	3	...	1	1	...	1
Meningitis.....	6	...	...	...	...	...	1	...	...	...	1	...	...	...
Cerebro-Spinal Fever.....	15	3	1	1	...	1	...	...	...	4	...	1	1	...
Cerebral Hæmorrhage, etc.....	138	16	9	13	8	7	14	6	9	9	5	6	7	7
Heart Disease.....	922	69	79	42	74	48	39	50	63	73	48	60	50	56
Aneurysm.....	13	...	1	...	2	...	1	1	1	1	...	1	1	1



TABLE M. 1—Continued.

DEATHS IN WARDS FOR THE YEAR, 1940.

CAUSES OF DEATH.	AT ALL AGES.																
	City.	Albert Park.	Charlestown.	Claremont.	Crescent.	Docks.	Kersal.	Langworthy.	Mandley Park.	Ordsall Park.	Regent.	St. Matthias.	St. Paul's.	St. Thomas.	Seedley.	Trinity.	Waste.
Other Circulatory Diseases.....	174	11	11	11	11	7	14	9	14	11	11	11	9	6	5	16	17
Bronchitis.....	298	32	15	19	14	15	7	13	18	27	22	22	24	13	11	17	29
Pneumonia (all forms).....	214	19	7	8	19	16	8	12	15	15	17	15	8	5	9	20	21
Other Respiratory Diseases.....	43	3	3	3	4	9	2	2	1	2	4	1	3	5	...	...	7
Diarrhoea and Enteritis .....	25	1	1	1	1	5	...	1	2	1	1	1	1	5	1	2	2
Peptic Ulcer.....	21	...	...	2	2	3	2	2	2	2	2	...	2	...	...	...	...
Appendicitis.....	4	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cirrhosis of Liver.....	5	...	...	...	...	...	1	...	...	...	...	...	...	2	1	...	1
Other Diseases of Liver, etc.....	6	...	...	...	...	...	1	...	1	...	1	...	...	...	...	2	...
Other Digestive Diseases.....	54	6	4	1	2	5	3	3	4	2	2	...	3	3	6	6	4
Nephritis, Acute and Chronic.....	56	6	1	3	4	4	5	2	1	4	7	2	4	...	3	4	6
Puerperal Sepsis.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other puerperal causes.....	7	...	...	1	1	...	1	...	...	1	1	1	...	...	...	...	1
Congenital Debility and Malformation.....	45	6	5	4	3	1	1	2	4	4	4	1	2	3	1	3	1
Premature Birth .....	49	3	4	...	4	8	3	...	8	2	1	3	2	2	2	3	4
Senility.....	78	6	5	7	2	2	1	7	4	8	4	4	8	1	1	6	12
Suicide.....	11	...	1	1	...	...	...	...	...	4	...	1	...	2	1	...	1
Other Violence.....	285	20	16	20	30	37	3	19	13	17	26	21	4	20	5	14	20
Other Defined Diseases.....	128	13	5	10	10	5	7	2	12	6	9	3	9	2	3	11	21
Causes Ill-defined or Unknown.....	3	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	...
Totals.....	3300	265	202	176	233	227	153	176	229	233	209	208	178	172	127	192	320



TABLE M. 2.

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR, 1940.

CAUSES OF DEATH.	NET DEATHS AT THE SUBJOINED AGES OF " RESIDENTS " WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.								
	All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.
ALL CAUSES—Certified.....	3894	218	44	38	61	127	349	1045	1412
Uncertified.....	6	1	...	...	1	...	1	1	2
Enteric Fever.....	...	...	...	...	...	...	...	...	...
Small-pox.....	...	...	...	...	...	...	...	...	...
Measles.....	7	5	1	...	1	...	...	...	...
Scarlet Fever.....	...	...	...	...	...	...	...	...	...
Whooping Cough.....	9	4	3	2	...	...	...	...	...
Diphtheria and Croup.....	15	...	4	7	4	...	...	...	...
Influenza.....	40	...	...	...	...	4	10	16	10
Erysipelas.....	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica.....	1	...	...	...	...	...	1	...	...
Tuberculosis of Respiratory System.....	199	1	...	1	...	34	83	61	19
Tuberculous Meningitis.....	11	1	1	1	3	4	1	...	...
Other Tuberculous Diseases.....	23	4	...	1	1	5	4	5	3
Syphilis.....	5	...	...	...	...	...	...	3	2
General Paralysis of the Insane, Tabes Dorsalis.....	5	...	...	...	...	...	2	2	1
Cancer, Malignant disease.....	341	...	...	...	...	1	14	162	164
Diabetes.....	31	...	...	...	...	1	2	10	18
Rheumatic Fever.....	13	...	...	...	2	2	5	4	...
Meningitis.....	6	1	3	1	...	...	1	...	...
Cerebro-Spinal Fever.....	15	5	2	2	2	2	...	1	1
Cerebral Hæmorrhage, etc... ..	138	5	...	...	...	1	3	48	81
Heart Disease .....	922	...	...	1	2	15	50	298	556
Aneurysm.....	13	...	...	...	...	1	5	5	2
Other Circulatory Diseases.....	174	1	...	...	...	...	1	45	128
Bronchitis.....	298	12	2	...	...	2	17	129	136
Pneumonia (all forms).....	214	46	16	6	1	4	21	67	53
Other Respiratory Diseases.....	43	1	...	...	...	5	9	21	8
Diarrhœa and Enteritis.....	25	21	3	1	...	...	...	...	...
Peptic Ulcer.....	21	...	...	...	...	...	3	13	5
Appendicitis.....	4	...	...	...	2	...	2	...	...
Cirrhosis of Liver.....	5	...	...	...	...	...	1	3	1
Other diseases of Liver, etc.....	6	...	...	...	...	...	...	2	4
Other Digestive Diseases.....	54	5	...	...	5	3	4	13	24
Nephritis Acute and Chronic.....	56	...	1	...	1	2	3	26	23
Puerperal Sepsis.....	...	...	...	...	...	...	...	...	...
Other Puerperal causes.....	7	...	...	...	...	2	5	...	...
Congenital Debility and Malforma- tion.....	45	44	1	...	...	...	...	...	...
Premature Birth.....	49	49	...	...	...	...	...	...	...
Senility .....	78	...	...	...	...	...	...	6	72
Suicide.....	11	...	...	...	...	...	3	6	2
Other Violence.....	285	4	6	14	31	33	78	69	50
Other Defined Diseases.....	128	10	1	1	7	5	22	31	51
Diseases ill-defined or unknown...	3	1	...	...	...	1	...	...	1
Totals.....	3300	219	44	38	62	127	350	1046	1414

TABLE M. 3.

BIRTHS IN THE CITY OF SALFORD AND IN ITS WARDS, DISTINGUISHING  
DEATHS OF LEGITIMATE AND ILLEGITIMATE  
INFANTS UNDER ONE YEAR OLD.  
FOR THE YEAR, 1940.

Ward.	Births.		Percentage of Illegit. Births to Total Births.	Deaths under One Year.		Proportion of Deaths under One Year per 1,000 Births.		
	Total.	Illegit.		Total.	Illegit.	Total.	Legit.	Illegit.
Albert Park.....	226	5	2.2	17	....	75	77	....
Charlestown.....	209	5	2.4	9	1	43	39	200
Claremont .....	157	4	2.6	19	....	121	124	....
Crescent.....	194	9	4.6	18	....	93	97	....
Docks.....	190	6	3.2	22	1	116	114	167
Kersal.....	148	8	5.4	6	1	41	36	125
Langworthy.....	198	3	1.5	5	....	25	26	....
Mandley Park. ....	240	40	16.7	24	6	100	90	150
Ordsall Park.....	209	3	1.4	17	....	81	83	....
Regent.....	179	6	3.4	11	....	61	64	....
St. Matthias'.....	176	9	5.1	6	....	34	36	....
St. Paul's.....	184	12	6.5	15	1	81	81	83
St. Thomas'.....	146	3	2.1	12	....	82	84	....
Seedley.....	92	4	4.3	4	....	43	45	....
Trinity.....	175	11	6.3	19	....	109	116	....
Weaste.....	161	14	8.7	15	....	93	102	....
<b>Totals.....</b>	<b>2,884</b>	<b>142</b>	<b>4.9</b>	<b>219</b>	<b>10</b>	<b>76</b>	<b>75</b>	<b>70</b>

CORRESPONDING DATA FOR THE CITY FOR THE TEN YEARS 1930-1939.

City.....	32,489	1,243	3.8	2,779	171	86	83	139
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TABLE M. 4.

SHOWING THE BIRTHS IN THE CITY OF SALFORD, DEATHS OF LEGITIMATE AND ILLEGITIMATE INFANTS UNDER ONE YEAR OLD AND THE PROPORTION OF DEATHS UNDER ONE YEAR OF AGE PER 1,000 BIRTHS DURING THE YEARS 1915 TO 1940.

Year.	Births.			Percentage of Illegitimate Births to Total Births.	Deaths under One Year.			Proportion of Deaths under One Year per 1,000 Births.		
	Total.	Legit.	Illegit.		Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
1915.....	5455	5257	198	3·6	733	692	41	134	132	207
1916.....	5091	4894	197	3·9	587	544	43	115	112	218
1917.....	4452	4234	218	4·9	551	498	53	124	118	243
1918.....	4282	4043	239	5·5	478	436	42	111	107	175
1919.....	4435	4179	256	5·8	501	466	35	113	111	137
1920.....	6441	6170	271	4·2	630	584	46	97	94	169
1921.....	5993	5702	291	4·8	641	585	56	107	102	192
1922.....	5416	5169	247	4·5	599	564	35	110	109	141
1923.....	5047	4841	206	4·1	493	458	35	98	95	170
1924.....	4745	4569	176	3·7	579	533	46	122	117	261
1925.....	4597	4398	199	4·3	482	452	30	105	103	151
1926.....	4511	4349	162	3·6	464	434	30	103	100	185
1927.....	4301	4130	171	4·0	348	328	20	81	79	117
1928.....	4073	3915	158	3·9	431	408	23	106	104	146
1929.....	3903	3761	142	3·6	489	460	29	125	122	204
1930.....	3787	3640	147	3·9	323	290	33	86	80	224
1931.....	3479	3357	122	3·5	351	326	25	101	97	205
1932.....	3401	3261	140	4·1	336	321	15	99	98	107
1933.....	3316	3195	121	3·6	264	250	14	80	78	116
1934.....	3141	3010	131	4·2	292	277	15	93	92	115
1935.....	3156	3059	97	3·1	245	230	15	78	75	155
1936.....	3089	2960	129	4·2	277	263	14	90	89	109
1937.....	3050	2919	131	4·3	256	244	12	84	84	92
1938.....	3145	3037	108	3·4	233	213	20	74	70	185
1939.....	2925	2808	117	4·0	202	194	8	69	69	68
1940.....	2884	2742	142	4·9	219	209	10	76	75	70



TABLE M. 5.

SHOWING THE BIRTH-RATES, ALSO RATES OF MORTALITY FROM ALL CAUSES, FROM THE SEVEN PRINCIPAL ZYMOTIC DISEASES, AND FROM PHTHISIS, CANCER, NERVOUS DISEASES, HEART DISEASES, BRONCHITIS, PNEUMONIA AND THE INFANT MORTALITY RATE, DURING THE YEARS 1878 TO 1940.

Years.	Population.	Rates per 1,000 Population from									Deaths under One Year to 1,000 Births.	Marriage Rate.
		Births.	Deaths, All Causes.	Seven Principal Zymotic Diseases.	Phthisis.	Cancer.	Nervous Diseases.	Heart Diseases.	Bronchitis.	Pneumonia.		
1878 ....	160,277	44·7	27·1	5·4	2·7	0·5	3·5	1·1	3·6	1·8	185	17·9
1879* ..	165,899	43·0	26·7	4·2	2·9	0·4	3·7	1·2	4·3	1·8	170	15·2
1880 ....	171,727	41·4	27·9	7·4	2·7	0·4	3·2	0·9	3·4	1·9	197	16·6
1881 ....	177,760	38·8	22·5	3·0	2·5	0·5	3·1	1·1	3·6	1·6	163	16·4
1882 ....	179,855	39·7	23·7	4·0	2·4	0·4	3·6	1·1	2·8	1·7	177	16·9
Average 5 years.		41·5	25·6	4·8	2·6	0·4	3·4	1·1	3·5	1·8	178	16·6
1883 ....	181,951	37·3	23·6	3·4	2·7	0·4	3·1	1·2	3·0	1·7	171	16·1
1884* ..	184,047	38·8	24·4	4·4	2·6	0·5	2·9	1·1	2·8	1·7	184	16·1
1885 ....	186,142	37·6	23·0	3·6	2·6	0·5	2·9	1·2	3·0	1·9	174	16·1
1886 ....	188,238	38·5	24·8	4·1	2·6	0·5	2·8	1·3	3·3	1·8	197	15·3
1887 ....	190,334	36·6	25·5	4·9	2·3	0·5	3·2	1·3	2·9	2·2	195	15·4
Average 5 years.		37·8	24·3	4·1	2·6	0·5	3·0	1·2	3·0	1·9	184	15·8
1888 ....	192,429	37·1	24·8	3·9	2·3	0·5	3·0	1·1	3·0	2·1	184	15·2
1889 ....	194,525	35·9	25·1	5·3	1·9	0·6	2·5	1·3	2·6	1·9	181	16·7
1890* ..	196,621	36·1	27·7	4·4	2·2	0·5	2·0	1·3	3·4	3·8	198	17·5
1891 ....	198,775	36·3	26·0	3·4	2·2	0·5	2·2	1·1	3·7	3·0	194	18·1
1892 ....	200,833	35·8	24·6	4·6	1·9	0·6	2·0	1·2	2·6	2·9	186	16·7
Average 5 years.		36·2	25·6	4·3	2·1	0·5	2·3	1·2	3·1	2·7	189	16·8
1893 ....	203,015	34·7	24·1	4·2	1·9	0·6	2·0	1·4	2·6	2·3	211	16·2
1894 ....	205,220	34·3	21·1	3·3	1·8	0·6	2·0	1·1	1·9	2·3	174	17·1
1895 ....	207,449	35·9	25·6	5·0	1·9	0·6	2·3	1·3	2·6	2·7	229	17·4
1896* ..	209,703	35·6	23·1	4·2	1·5	0·6	2·0	1·4	2·2	2·7	200	18·1
1897 ....	211,981	35·2	23·9	5·6	1·8	0·6	2·1	1·3	2·4	2·1	219	18·6
Average 5 years.		35·1	23·6	4·5	1·8	0·6	2·1	1·3	2·3	2·4	207	17·5
1898 ....	214,284	34·9	22·8	4·2	1·8	0·8	2·2	1·2	2·2	2·2	213	18·6
1899 ....	216,612	34·1	23·9	4·4	1·8	0·6	2·3	1·4	2·5	2·7	211	18·7
1900 ....	218,965	33·3	25·3	4·1	1·8	0·6	2·4	1·7	3·2	2·8	208	17·3
1901 ....	221,212	29·2	21·7	4·2	1·8	0·7	1·9	1·5	2·3	1·9	205	17·9
1902* ..	222,233	34·0	19·3	2·7	1·7	0·7	2·0	1·5	2·2	2·1	157	18·4
Average 5 years.		33·1	22·6	3·9	1·8	0·7	2·2	1·5	2·5	2·3	199	18·2
1903 ....	223,260	32·6	19·4	2·9	1·8	0·7	1·9	1·4	2·1	1·9	168	18·1
1904 ....	224,299	32·4	21·4	4·4	2·0	0·6	1·8	1·7	2·2	1·9	193	21·5
1905 ....	225,327	31·8	17·7	2·6	1·5	0·6	1·7	1·6	1·8	1·8	148	17·8
1906 ....	226,367	31·2	19·1	3·3	1·7	0·8	1·7	1·5	2·0	1·8	162	18·6
1907 ....	227,413	30·6	18·5	2·2	1·7	0·7	1·7	1·6	2·1	2·3	140	17·9
Average 5 years.		31·7	19·2	3·1	1·7	0·7	1·8	1·6	2·0	1·9	162	18·8

TABLE M. 5—Continued.

Years.	Population.	Rates per 1,000 Population from									Deaths under One Year to 1,000 Births.	Marriage Rate
		Births.	Deaths, All Causes.	Seven Principal Zymotic Diseases.	Tuberculosis of Respiratory System.	Cancer.	Nervous Diseases.	Heart Diseases.	Bronchitis.	Pneumonia.		
1908* ..	228,463	31.2	18.7	3.2	1.6	0.7	1.6	1.4	1.9	1.7	153	15.5
1909 ....	229,519	29.5	19.0	2.5	1.5	0.8	1.7	1.4	2.3	2.3	141	15.6
1910 ....	230,579	28.6	16.2	1.8	1.4	0.9	1.6	1.4	1.8	1.7	131	16.0
1911 ....	231,641	27.4	17.4	2.5	1.6	0.9	1.3	1.3	1.8	1.8	154	....
1912 ....	232,726	26.8	17.2	2.2	1.5	1.0	1.4	1.5	2.1	2.0	130	....
Average 5 years.		28.7	17.7	2.4	1.5	0.9	1.5	1.4	2.0	1.9	142	....
1913* ..	233,849	27.0	16.3	1.9	1.4	1.0	1.4	1.8	1.8	1.7	139	....
1914 ....	234,975	26.9	17.1	1.9	1.6	1.1	1.4	1.8	1.8	1.8	126	....
1915 ....	219,979†	24.8	19.1	2.8	1.7	1.1	1.4	1.6	2.3	1.9	134	....
1916 ....	214,229†	21.8	15.8	1.2	1.6	1.0	1.3	1.3	1.9	1.5	115	....
1917 ....	211,373†	18.9	16.0	1.6	1.5	1.2	1.4	1.3	2.0	1.4	124	....
Average 5 years.		24.3	16.8	1.9	1.6	1.0	1.4	1.6	2.0	1.7	128	....
1918 ....	209,274†	18.3	18.0	1.0	1.6	1.1	1.2	1.1	2.3	1.9	111	....
1919 ....	226,225†	18.8	15.8	0.8	1.2	1.1	1.1	1.1	2.4	1.5	113	....
1920 ....	235,239	27.3	13.7	0.9	1.2	1.0	1.0	1.0	1.8	1.1	98	....
1921* ..	239,100	25.2	13.9	1.1	1.3	1.0	1.0	1.2	1.7	1.5	106	....
1922 ....	240,700	22.1	14.6	1.3	1.3	1.1	0.9	1.1	1.9	1.7	110	....
Average 5 years.		22.3	15.2	1.0	1.3	1.0	1.0	1.1	2.0	1.5	108	....
1923 ....	241,600	20.9	13.5	0.8	1.3	1.2	0.9	1.1	1.6	1.5	98	....
1924 ....	243,700	19.5	14.5	1.3	1.2	1.3	0.7	1.0	1.8	1.6	122	....
1925 ....	244,700	18.8	13.9	1.0	1.3	1.2	0.8	1.0	1.8	1.3	105	....
1926 ....	247,400	18.2	12.4	0.7	1.3	1.3	0.9	1.0	1.6	1.1	103	....
1927* ..	247,600	17.3	13.9	0.7	1.4	1.3	1.1	1.5	1.5	1.3	81	....
Average 5 years.		18.9	13.6	0.9	1.3	1.3	0.9	1.1	1.7	1.4	102	....
1928 ....	241,500	16.9	13.3	0.8	1.2	1.3	0.8	1.3	1.4	1.2	106	....
1929 ....	235,600	16.6	15.4	1.5	1.2	1.3	0.9	1.1	2.2	1.6	125	....
1930 ....	230,100	16.5	13.3	0.9	1.2	1.4	0.8	1.3	1.6	1.1	86	....
1931 ....	225,900	15.4	14.2	0.6	1.2	1.4	0.8	1.4	1.8	1.4	101	....
1932 ....	220,300	15.4	13.2	0.6	1.0	1.7	0.9	1.8	1.1	1.1	99	....
Average 5 years.		16.2	13.9	0.9	1.2	1.4	0.8	1.4	1.6	1.3	103	....
1933 ....	217,000	15.3	13.9	0.3	1.1	1.5	0.9	2.1	1.2	1.2	80	....
1934 ....	213,850	14.7	13.6	0.6	0.9	1.8	0.9	2.5	0.8	1.1	93	....
1935 ....	210,000	15.0	13.0	0.2	0.9	1.6	0.9	2.7	0.8	1.1	78	....
1936 ....	206,000	15.6	14.0	0.6	1.0	1.7	0.8	3.1	0.9	1.1	90	....
1937 ....	201,800	15.1	14.6	0.2	0.9	1.9	0.8	3.5	0.9	1.2	84	....
Average 5 years.		15.0	13.8	0.4	1.0	1.7	0.9	2.8	0.9	1.1	85	....
1938 ....	199,400	15.8	13.1	0.3	0.9	1.7	0.8	2.8	0.6	1.0	74	....
1939 ....	196,600	14.9	14.3	0.2	0.9	1.8	0.7	3.8	0.7	1.0	69	....
1940 ....	173,200	16.6	19.1	0.3	1.1	2.0	1.1	5.3	1.7	1.2	76	....

\* In the years 1879, 1884, 1890, 1896, 1902, 1908, 1913, 1921, and 1927 the facts are those registered in 53 instead of 52 weeks; corrections have therefore been made in calculating the rates. † Civil population.



## SECTION II.

# General Work of the Health Department.

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### (A) SANITARY CIRCUMSTANCES AND SANITARY ADMINISTRATION OF THE DISTRICT.

#### Natural and Social Conditions of the District.

Salford is situated in the south-east of Lancashire and is partially divided from Manchester by the River Irwell. The older portion of the City lies along the right bank of the river, and the ground rises gradually from an elevation of 85 feet above sea level to about 250 feet, the mean elevation being 140 feet.

The area of the City of Salford is 5,202 acres. The subsoil consists principally of clay interspersed with sand and gravel, with occasional patches of red sandstone.

The population is largely industrial; a considerable portion of the City is occupied by cotton factories and engineering works, with collieries on the outskirts.

The principal Docks and a portion of the Manchester Ship Canal are situated in Salford.

There is no special influence of any particular occupation on the public health of the area.

Owing to the industrial character of the City, and the close proximity of a number of other industrial towns, the atmosphere of Salford is heavily smoke polluted. This pollution contains an excessive proportion of tarry substances given off from the burning of raw coal in domestic grates. Generally speaking, the rainfall is excessive and the atmosphere humid. Owing to the pollution of the atmosphere and the excess of cloud, there is a deficiency of sunshine.

#### Salford Local Acts and Orders.

Charter of Incorporation for the Borough of Salford granted 16th April, 1844.

Order in Council, dated 14th November, 1854, vesting powers in the Town Council of Salford for providing requisite places of burial for the inhabitants of

the Townships of Salford, Pendleton, and Broughton, and part of the Township of Pendlebury, under the provisions of the Burial Act, 1854.

20 and 21 Vict. cap. cxxxii.

The Salford Borough Act, 1857

25 and 26 Vict. cap. ccv.

The Salford Improvement Act, 1862.

30 Vict. cap. lviii.

The Salford Improvement Act, 1867.

33 and 34 Vict. cap. cxxix.

The Salford Improvement Act, 1870.

34 and 35 Vict. cap. cx.

The Salford Improvement Act, 1871.

38 and 39 Vict. cap. ci.

The Salford Tramways and Improvement Act, 1875.

45 and 46 Vict. cap. xcvi.

Provisional Order relating to the Borough of Salford confirmed by the Local Government Board's Provisional Order Confirmation (No. 8) Act, 1882.

Order dated 20th December, 1882 and made by the Local Government Board under the provisions of "The Divided Parishes and Poor Law Amendment Act," 1876, as amended and extended by the Poor Law Act, 1879, amalgamating a detached part of the Township of Pendlebury with the Township of Pendleton.

48 and 49 Vict. cap. cii.

The Salford Corporation Tramways Order, 1885, confirmed by the Tramways Orders Confirmation (No. 2) Act, 1885.

49 and 50 Vict. cap. xxv.

The Salford Corporation Act, 1886.

53 and 54 Vict. cap. clxxxvii.

The Salford Electric Lighting Order, 1890, confirmed by the Electric Lighting Orders Confirmation (No. 2) Act, 1890.

54 Vict. cap. xiv.

The Salford Corporation Act, 1891.

54 and 55 Vict. cap. ccxi.

Provisional Order relating to the Borough of Salford, confirmed by the Local Government Board's Provisional Orders Confirmation (No. 14) Act, 1891.

54 and 55 Vict. cap. ccxiii.

Provisional Order relating to the Borough of Salford confirmed by the Local Government Board's Provisional Orders Confirmation (Housing of Working Classes) Act, 1891.

55 and 56 Vict. cap. ccxxiii.

Provisional Order relating to the Borough of Salford confirmed by the Local Government Board's Provisional Orders Confirmation (No. 12) Act, 1892.

56 Vict. cap. xxxi.

The Salford Improvement Act, 1893.

60 and 61 Vict. cap. cclv.

The Salford Corporation Act, 1897.

Order of the Local Government Board, dated 11th September, 1897, conferring on the Corporation certain powers with respect to the acquisition by agreement of rights of way, and certain powers, duties, and liabilities with respect to any charity held wholly or partly for the benefit of the said Townships.

61 and 62 Vict. cap. ccxii.

The Salford Order, 1898, confirmed by the L.G.B. Provisional Orders Confirmation (No. 13) Act, 1898.

An Order, dated 2nd March, 1899, and made by the Local Government Board under the provisions of the Housing of the Working Classes Act, 1890, modifying an improvement scheme relating to the Borough of Salford.

62 and 63 Vict. cap. ccxliv.

The Salford Corporation Act, 1899.

63 and 64 Vict. cap. ccxx.

The Salford Corporation Act, 1900.

1 Edw. VII. cap. ccxxii.

The Salford Corporation Act, 1901.

2 Edw. VII. cap. cxlviii.

The Salford Corporation Act, 1902.

3 Edw. VII. cap. ccxxxvi.

The Salford Corporation Act, 1903.

Order in Council dated 27th March, 1905, directing that none but persons duly licensed shall let Lodgings to Seamen in the Borough of Salford.

6 Edw. VII. cap. ci.

The Salford Order, 1906, confirmed by the L.G.B. Provisional Orders Confirmation (No. 2) Act, 1906.

8 Edw. VII. cap. cxlvi.

The Salford Order, 1908, confirmed by L.G.B. Provisional Orders Confirmation (No. 6) Act, 1908.

2 and 3 Geo. V. cap. cxxxvi.

The Salford Order, 1912, confirmed by L.G.B. Provisional Orders Confirmation (No. 10) Act, 1912.

Order of Local Government Board, dated 5th December, 1917 (Venereal Diseases (Anglesey &c.) Order, 1917).

The Salford Corporation Gas (Standard of Calorific Power) Order, 1918.

The Salford (Union of Townships) Order, 1918.

10 and 11 Geo. V. cap. cxlviii.

The Salford Corporation Act, 1920.

Consent Order of Minister of Health, dated 9th February, 1921, to the Creation and Issue of Stock.

Confirming Order of Minister of Health dated 7th April, 1921, under Section 112 of the Public Health Act, 1875, as amended by Section 51 of the Public Health Acts Amendment Act, 1907, declaring that certain trades be Offensive Trades.

Order of Minister of Health, dated 18th July, 1921, confirming Scheme for the equation and consolidation of loans under the Salford Corporation Acts, 1902 and 1920.

Order of the Council, dated 3rd August, 1921, as to Polling Districts and Polling Places.

Order in Council, dated 10th August, 1921, approving Scheme determining the the Boundaries of the Wards of the Borough and apportioning the Councillors.

12 and 13 Geo. V. cap. xli.

The Salford Order, 1922, confirmed by the Ministry of Health Provisional Orders Confirmation (No. 5) Act, 1922.

The Salford Electricity Special Order, 1923.

Order of the Council, dated 3rd September, 1924, altering the boundaries of certain Polling Districts.

Regulations dated 13th May, 1925, made by the Minister of Transport for regulating the use of Electrical Power on the Salford and District, Eccles, Prestwich and Whitefield Tramways, and other matters.



Order of the Council, dated 1st July, 1925, for the re-division of a portion of the constituency of North Salford and the appointment of polling places.

15 and 16 Geo. V. cap. lxxvii.

The Salford Order, 1925, confirmed by Salford Provisional Order Confirmation Act, 1925.

The County Borough of Salford Roads (Restriction) Order, 1926.

Charter, dated 21st April, 1926, appointing Salford a City.

The Salford Gas Order, 1926.

17 and 18 Geo. V. cap. xcix.

The Salford Corporation Act, 1927.

City of Salford (Springfield Terrace Area Improvement Scheme) Order, 1928.

The Salford Gas (Charges) Order, 1928.

19 and 20 Geo. V. cap. xxxix.

The Salford Corporation Act, 1929.

20 and 21 Geo. V. cap. cxxxvi.

The Salford Order, 1930, confirmed by Salford Provisional Order Confirmation Act, 1930.

The City and County Borough of Salford (formerly County Borough of Salford) Roads (Restriction) Amendment Order, 1930.

The Cities of Manchester and Salford (Traffic Regulation) Order, 1932.

23 and 24 Geo. V. cap.

The Salford Corporation Act, 1933.

The Salford Stock Order, 1933.

Order of the Secretary of State, dated 20th July, 1934, as to Superannuation of Justices' Clerk and Staff.

The Salford Registration Scheme, 1934, as to Registration of Births, Marriages and Deaths.

The Salford (Measles) Regulations, 1936.

The Salford (Public Works Facilities Compulsory Purchase) Confirmation Order, 1936.

1 and 2 Geo. VI. cap. xcvi.

The Salford Corporation Act, 1938.

**Enactments Adopted by the Council and Applied by Order.**

Infectious Disease (Prevention) Act, 1890 (except secs. 14 and 19). Adopted 7th January, 1891.

Public Health Acts, Amendment Act, 1890, Parts II., III., IV. and V. Adopted 7th January, 1891.

Museums and Gymnasiums Act, 1891. Adopted 7th February, 1894.

Public Libraries Act, 1892. Adopted on poll of Ratepayers, reported to Council, 5th October, 1892.

Private Street Works Act, 1892. Adopted 4th April, 1894.

Notification of Births Act, 1907. Adopted 7th January, 1914.

Public Health Acts Amendment Act, 1907 :

Section 19 (urgent repairs to private streets). Order of Minister of Health, dated 14th April, 1921.

Section 76 (parks and pleasure gardens). Order of Local Government Board, dated 22nd April, 1914.

Section 85 (registries for servants). Order of Secretary of State, dated 12th September, 1923.

Section 94 (licensing of pleasure boats). Order of Ministry of Health, dated 26th January, 1933.

Section 95 (purchase of lands). Order of Local Government Board, dated 27th October, 1908.

Local Government and other Officers' Superannuation Act, 1922. Adopted as from 1st April, 1924.

Public Health Act, 1925 :

Sections 13, 14, 15, 17, 18, 19, 20, 21, 23, 24, 25, 26, 29, 30, 31, 32, 33, 35. Adopted as from 1st February, 1933.

**Sanitary Circumstances.**

**WATER.**—The water supply is obtained from the Manchester Corporation's reservoirs at Longdendale Valley. It is ample in quantity and excellent in quality.

The whole of the property in the City is supplied on the constant system with water from the Corporation mains. With the exception of a very few houses in common courts, each house is supplied with an internal water supply.

**RIVERS AND STREAMS.**—The question of river pollution is in the hands of the River Irwell Conservancy Committee.

### Drainage and Sewerage.

The drains of the District are satisfactory. Salford sewage is conveyed to the Sewage Works at Weaste by a combined system of Sewers. The sewage is treated with Lime and Copperas, after which it is passed through settling tanks, and thence through aerating filter-beds and humus tanks. The effluent from the humus tanks is discharged into the Manchester Ship Canal and the residual sludge carried out to sea by steamer.

**PUBLIC CLEANSING.**—The removal and disposal of house refuse is under the authority of the Lighting and Cleansing Committee of the Corporation.

### PUBLIC CLEANSING.

No alteration in the method of disposing of dry house refuse in Salford took place during 1940, as compared with 1939. I am indebted to the Director of Public Cleansing for the following particulars as to the method of collection and disposal of refuse, etc., in Salford :—

- |   |   |
|---|---|
| (a) The method of collecting dry house refuse.                        | Weekly collection in semi-dustless loading vehicles from galvanised standard ashbins.   |
| (b) The method of collecting refuse from earth closets and privies.   | No privy ashpits. The number of excreta pails is negligible. The collection of excreta, in two-wheeled tanks, is made during the midnight hours, and taken direct to the Chief Dépôt of the Cleansing Department. |
| (c) The method of disposing of dry house refuse.                      | Strictly under Controlled Tipping methods as laid down by the Ministry of Health, and also by incineration at the Chief Dépôt of the Cleansing Department.  |
| (d) The method of disposing of refuse from earth closets and privies. | (See (b)).  |

### Sanitary Inspection of District.

**STAFF.**—The staff employed in this connection consisted during 1940 of the Chief Inspector, a Deputy Chief Inspector, sixteen Assistant Inspectors.



The systematic inspection of the City was conducted during the year 1940 on the same lines as in previous years. The result of the inspections may be gathered from a perusal of the "Register of Work Done," which is to be found at the end of this section of the report. It shows that the number of complaints received at the office of the Department was 3,550, as compared with 3,695 received in 1939, also that 7,128 dwellinghouses were inspected during the year. The details of each section of the work will be found under the special heading.

TABLE G. 1.

COMMON LODGING HOUSES, 1940.

	Wards.			Total.
	Crescent.	St. Paul's.	Trinity.	
Number on Register.....	3	1	3	7
Number added to Register in 1940.....	....	....	....	....
Number removed from Register in 1940.....	....	....	....	....
Number of Rooms.....	41	6	18	65
„ Beds.....	165	25	367	557
Average Number occupied each night—Males.	73	16	245	334
„ Females.	....	....	....	....
Notices served on Landlords.....	....	....	....	....
„ „ Keepers.....	....	....	....	....
Number of Day Inspections.....	14	4	9	27
„ Night Inspections.....	....	....	....	....

### Common Lodging Houses.

There were 7 Common Lodging Houses on the register during the year, including "Salford House" in Bloom Street; 3 are in the Crescent Ward, three in Trinity, and one in St. Paul's Wards. These houses contain 65 rooms, with 557 beds. The average number of beds occupied per night was 334 for males and none for females. 27 inspections were made during the day time.

The addresses of and particulars relating to these lodging houses are as follows :—

Address.	Accommodation. Sleeping Rooms.	Lodgers.	Total number of lodgers who could be accom- modated during the year.	Total number of lodgers accom- modated during the year.
17, Bolton Street.....	5	49	17,885	7,150
61, Bury Street.....	7	33	12,045	7,267
" Salford House," Bloom Street..	6	285	104,025	93,885
1 and 1A, Park Place.....	24	125	45,625	17,009
2, Park Place.....	13	25	9,125	6,484
13, Windsor.....	4	15	5,475	364
2, West High Street.....	6	25	9,125	6,011

The total number of lodgers who could be accommodated during the year, in all the houses, was 203,305, and the total number actually accommodated was 138,170 a difference of 65,135.

Of the 557 beds, an average of 378 was occupied each night, leaving an average of 179 beds empty.

These lodging houses have been kept in good and clean condition during the year, and the Byelaws have been observed.

#### Houses Sublet in Lodgings.

There are 317 houses let in apartments in the City ; these contain 1,774 rooms. 5 houses were registered during the year and 16 discontinued.

The registration of these houses gives us power to inspect them at any time. They have been inspected from time to time, and they have received 238 inspections.

There were 9 Notices issued under the Public Health Act and Byelaws ; 6 for general sanitary defects and 3 for overcrowding.

During the year 8 Notices were complied with.

### Seamen's Lodging Houses.

There were 6 Seamen's Lodging Houses in the City on the Register during the year, containing 24 rooms and 66 beds. There have been 6 applications for renewals and new licences.

The Byelaws in force regulating these houses have been carried out, and the houses generally kept in good and clean condition. 41 visits have been made during the day time.

The addresses of and particulars relating to these houses are as follows :—

Address.	Accommodation. Sleeping Rooms.	Lodgers.
53, Trafford Road.....	4	13
71, Goodiers Lane.....	3	10
178, West Park Street.....	3	7
71, Trafford Road.....	5	14
154, Trafford Road.....	3	5
156, Trafford Road.....	3	5

### Factories.

The Factories Act, 1937, which came into operation on the 1st July, 1938, consolidates with amendments the Factory and Workshops Acts, 1901 to 1929, and extends the duties of the Local Authorities in respect of supervision.

The old distinction between a factory and a workshop is abolished and the expression "workshop" disappears, only one term, "factory," being used. A distinction is made, however, between factories where mechanical power is used and factories where mechanical power is not used.

The following tables show particulars of the registration and inspection of factories :—

Factories on the Register at the end of the year.	Number.
Factories with mechanical power .....	841
Factories without mechanical power .....	207
Other Premises under the Act (including works of building and engineering construction).....	8



## Inspection of Factories.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories with mechanical power .....	116	8	...
Factories without mechanical power .....	22	2	...
*Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises).....	8	...	...
Total.....	146	10	...

\*Electrical Stations should be reckoned as factories.

## Defects.

Particulars. (1)	Number of Defects.			Number of defects in respect of which Prosecutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
Want of cleanliness (S. 1).....	2	2	....	....
Overcrowding (S. 2) .....	....	....	....	....
Unreasonable temperature (S. 3).....	....	....	....	....
Inadequate ventilation (S. 4).....	....	....	....	....
Ineffective drainage floors (S. 6).....	....	....	....	....
Sanitary Conveniences (S. 7) { insufficient .....	2	1	....	....
{ unsuitable or defective.....	9	8	....	....
{ not separate for sexes.....	....	....	....	....
Other offences .....	....	....	....	....
(Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937).				
Total .....	13	11	....	....

## C.—Home Work.

NATURE OF WORK.	OUTWORKERS' LISTS.										Number of Inspections of Outworkers' premises.	OUTWORK IN UN-WHOLESOME PREMISES.			OUTWORK IN INFECTED PREMISES.			
	Lists received from Employers.						Prosecutions.					Instances.	Notices served.	Prosecutions.	Instances.	Order made, S. 110.	Prosecution, SS. 109, 110.	
	Sending twice in the year.		Sending once in the year.				Failing to keep inspection of lists.											
	Lists.	Con-tractors.	Work-people.	Lists.	Con-tractors.	Work-people.	Number of Addresses received from other Authorities.	Number of Addresses forwarded to other Authorities.	Notices served on Occupiers as to keeping or sending lists.	Failing to keep inspection of lists.								Failing to send lists.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(1) Making, cleaning, washing, altering, ornamenting, finishing and repairing of wearing apparel .....	11	6	110	....	....	....	91	36	....	....	....	....	....	....	....	....	....	....
Total.....	11	6	110	....	....	....	91	36	....	....	....	....	....	....	....	....	....	....

\*(1) Making, cleaning, washing, altering, ornamenting, finishing and repairing of wearing apparel; (2) Making-up, ornamenting, finishing and repairing of table linen, bed linen, or other household linen (including in the term linen articles of cotton and linen mixtures); (3) Making, ornamenting, mending and finishing of lace and of lace curtains and nets; (4) Making of curtains and furniture hangings; (5) Cabinet and furniture making and upholstery work; (6) Making of electro-plate; (7) Making of files; (8) Manufacture of brass and of any articles or parts of articles of brass (including in the term brass any alloy or compound of copper with zinc or tin); (9) Fur-pulling; (10) Making of iron and steel cables and chains; (11) Making of iron and steel anchors and grapnels; (12) Making of cart gear, including swivels, rings, loops, gear buckles, mullin bits, hooks, and attachments of all kinds; (13) Making of locks, latches and keys; (14) Making or repairing of umbrellas, sunshades, parasols, or parts thereof; (15) Making of artificial flowers; (16) Making of nets other than wire nets; (17) Making of tents; (18) Making or repairing of sacks; (19) Covering of racquet or tennis balls; (20) Making of paper bags; (21) Making of boxes or other receptacles or parts thereof, made wholly or partially of paper, cardboard, chip, or similar material; (22) Making of brushes; (23) Pea picking; (24) Feather sorting; (25) Carding, boxing, or packeting of buttons, hooks and eyes, pins and hair pins; (26) Making of stuffed toys; (27) Making of baskets; (28) Manufacture of chocolates or sweetmeats; (29) The making or filling of cosaques, Christmas crackers, Christmas stockings, or similar articles or parts of articles; (30) The weaving of any textile fabric; (31) Manufacture of lampshades other than lampshades made wholly of metal or glass or stone.

\* List of Industries as prescribed by Secretary of State.

**Bakehouses.**

Registered.....	281
Added to Register.....	10
Discontinued.....	14
Changed Hands.....	12
Number of Underground Bakehouses Certified by Authority.....	Nil.
Total Number of Ovens.....	339
Employees—Males.....	180
„ Females.....	532
Notices Served.....	Nil.

Action taken.	No. of Defects found.	Notices served.	Legal Pro-ceedings.	Defects remedied	Remarks.
As to Closets, &c.....	23	....	....	23	
As to Water Cisterns .....	....	....	....	....	
As to Drain Openings .....	....	....	....	....	
As to Limewashing, &c. ....	58	....	....	58	
As to Sleeping Places.....	....	....	....	....	

**Smoke Nuisance.**

In consideration of H.M. Government's policy to encourage the emission of black smoke as an aid to Air Raid Precautions, the duties of the Smoke and Canal Boats Inspector have been temporarily discontinued.

**Manure Receptacles, and Removal of Manure and other Offensive Matter.**

The Byelaws with respect to receptacles for manure and the weekly removal of the manure, filth, or other offensive or noxious matter, which came into operation towards the end of 1909, have been enforced during the past year, and special attention has been paid to stable yards where manure quickly accumulates.

The Byelaws as regards the regular removal of manure have been well observed.



### Drainage Inspection.

The examination and testing of all existing drains, and in certain instances sewers to which Section 24 of the Public Health Act, 1936, applies, is carried out by this Department. One Inspector is wholly occupied supervising repair or reconstruction where required. A driver and one man are employed to assist. The following table gives the detailed result of their labours :—

Number of tests made.....	942
„ „ examinations under Housing Act.....	Nil.
„ „ houses affected by tests .....	Nil.
„ „ Notices and reports issued .....	415
„ „ „ „ „ „ complied with .....	361
„ „ drain inlets opened and cleared.....	988

### INSANITARY DEFECTS FOUND.

Number of drains wholly or partly choked .....	155
„ „ „ defectively constructed .....	412
„ „ gully traps badly laid.....	37
„ „ „ „ defectively trapped.....	27
„ „ waste pipes defectively trapped or connected to drains.....	23
„ „ downspouts connected to drains .....	29
„ „ soil pipes with leaking joints or defectively ventilated	18
„ „ defective water-closets .....	191
„ „ Notices <i>re</i> sewers.....	105
„ „ premises affected.....	371
Number of drains repaired .....	324
„ „ „ reconstructed.....	342
„ „ „ trapped .....	423
„ „ discarded drains removed.....	227
„ „ waste water-closets converted into water-closets :	
(1) After service of Notice.....	15
(2) Without service of Notice .....	9

### AMBULANCE AND DISINFECTING STATION.

The Ambulance and Disinfecting Station was situated in Mode Wheel Road until the end of December, 1940, when, following enemy action, it was transferred to the Ladywell Sanatorium and Isolation Hospital. The Station is used for the following purposes :—

(a) The disinfecting of bedding, clothing, etc., from the homes of persons suffering from infectious diseases by means of high-pressure steam disinfection.

(b) As a station for the bathing of verminous persons and the disinfection of their clothing.

(c) The bathing of persons suffering from scabies (particularly school children), and the disinfection of their clothing.

(d) As a depôt for the disinfection of the furniture, etc., of persons removed from Clearance Areas.

(e) The bathing of midwives who have been in contact with cases of puerperal fever, and the disinfection of their clothing and instruments.

(f) As a garage for the three motor ambulances required to take persons to and from Hospital and the three motor vans used to collect and deliver bedding, etc., before and after disinfection, and in connection with the cleansing of conveniences. The Station is also used as a repair depôt for the whole of the motor vehicles used in the Department.

The Staff employed at the Station is as follows :—

Foreman.  
Caretaker.  
Motor Mechanic.  
Four Disinfectors.  
Four Drivers.

I am unable to give statistics as to the work performed during 1940 as the records have been destroyed by enemy action.

### MOTOR AMBULANCE SERVICES.

The following is a summary of the Motor Ambulance Services provided in Salford during 1940 :—

#### (1) HEALTH DEPARTMENT —

Number of motor ambulances :—

(a) For Infectious Diseases .....	3
(b) „ Hope Hospital.....	3

The ambulances under (a) were stationed at the Mode Wheel Disinfecting Station, Weaste, until December, 1940, when they were transferred to the Ladywell Sanatorium and Isolation Hospital, and are used for conveying cases of infectious disease to and from the Ladywell Sanatorium, the Nab Top Sanatorium, and the homes of Salford residents. They are also used for a similar purpose, so far as the Ladywell Sanatorium only is concerned, in the case of a

number of out-districts. In addition, they are used for conveying to their homes :  
(a) school children who have been operated upon for the removal of tonsils and adenoids, and (b) school children suffering from scabies who have been bathed at the Disinfecting Station.

The ambulances under (b) are used for the conveyance of patients only, including maternity cases, to and from Hope Hospital.

(2) POLICE DEPARTMENT—

Number of motor ambulances..... 2

These ambulances are stationed at the Fire Station, Crescent, Salford. They are used primarily for accidents, but are also used occasionally for private cases.

**Swimming Baths.**

Samples of water from the Corporation's Swimming Baths were examined at frequent intervals throughout the year. The results of such examinations are to be found in the reports of the City Pathologist and the City Analyst, which appear on pages 164 and 165 of this volume.



**Sanitary Conveniences.**

There are 24 conveniences for Males and 5 for Females in the City, under the control of the Health Committee, and also 2 public conveniences for Males, and 2 for Females under the joint control of the Health Committee and Parks Committee, namely :—

SITUATION.	MALES.				FEMALES.		
	Urinal Stalls	Water Closets	Wash Basins	Attendant	Water Closets	Wash Basins	Attendant
Trinity Market.....	6	3	3	1	3	3	1
Trafford Road (Eccles New Road corner).....	15	4	4	1	....	....	....
Trafford Road (Ordsall Park)	12	4	6	1	....	....	....
Church Street (near the corner of Broad Street)....	10	2	3	1	3	3	1
Cross Lane.....	....	....	....	..	4	4	1
Oldfield Road (Corner of Chapel Street).....	6	....	....	....	....	....	....
Liverpool Street.....	4	....	....	....	....	....	....
Bolton Road (Junction of Claremont Road).....	6	....	....	....	....	....	....
Broughton Road.....	16	....	....	....	....	....	....
Windsor Bridge.....	6	....	....	....	....	....	....
Stevenson Street.....	3	....	....	....	....	....	....
Park Lane.....	5	....	....	....	....	....	....
Broad Street.....	3	....	....	....	....	....	....
Greengate Arch. ...	6	....	....	....	....	....	....
Broughton Bridge.....	8	....	....	....	....	....	....
Frederick Road... ..	4	....	....	....	....	....	....
Moor Lane.....	6	....	....	....	....	....	....
Great Cheetham Street .....	10	....	....	....	....	....	....
Cemetery Road.....	6	....	....	....	....	....	....
Cross Lane.....	5	....	....	....	....	....	....
Langworthy Road.....	4	....	....	....	....	....	....
Albert Park.....	6	....	....	....	....	....	....
Crescent, near Victoria Arch.	6	....	....	....	....	....	....
Charlestown Recreation Ground .....	4	2	....	....	2	....	....
Mandley Park .....	4	3	....	....	3	....	....

TABLE G 3.

CASES HEARD BEFORE THE MAGISTRATES DURING 1940.

Offence.	No. of Cases.	Decision of Magistrates.	Total Fines (without costs).
			£ s. d.
<b>PUBLIC HEALTH ACTS.</b>			
For failing to comply with the requirements of Notices under the Public Health Act, 1936, respecting sanitary defects in dwellinghouses.	1	Dismissed.	- - -
For failing to give Notice of the intention to execute work in connection with the drains of a dwellinghouse.	1	Dismissed.	- - -
<b>SHOPS ACTS.</b>			
For keeping shops open after the hour prescribed by the Acts.	7	1 Fined 40s. 0d. 1 Fined 20s. 0d. 2 Fined 10s. 0d. and 5s. 0d. costs. 2 Fined 5s. 0d. and 5s. 0d. costs. 1 Dismissed upon payment of 4s. 0d. costs.	4 10 0
For keeping shops open on Sundays in contravention of the provisions of the Acts.	2	1 Fined 10s. 0d. and 10s. 0d. costs. 1 Dismissed upon payment of 10s. 0d. costs.	0 10 0
<b>MILK AND DAIRIES (CONSOLIDATION) ACT.</b>			
For selling milk deficient of butter fat.	3	1 Fined £3 0s. 0d. and £1 1s. 0d. costs. 1 Fined £5 0s. 0d. and £1 1s. 0d. costs. 1 Dismissed upon payment of £5 5s. 0d. costs.	8 0 0
<b>FOOD AND DRUGS ACT.</b>			
For selling Glycerin of Borax deficient of 77.5 per cent. Borax.	1	Fined £3 0s. 0d. and £1 1s. 0d. costs.	3 0 0
For exposing for sale dirty and unwholesome sweets.	1	Fined 10s. 0d.	0 10 0
<b>PHARMACY AND POISONS ACT.</b>			
For selling Ammonia and not being recorded as a Listed Seller.	1	1 Fined £1 0s. 0d. and £1 1s. 0d. costs.	1 0 0
For selling poison in a container not bearing the name and address of the seller.	1	Dismissed on payment of 4s. 0d. costs.	- - -
<b>Total</b>	<b>18</b>		<b>17 10 0</b>

### **Shops Acts, 1912 to 1936.**

The continuation of hostilities has seriously interfered with the administration of these Acts.

Insofar as early- and half-day closing were concerned, the limitation of supplies and the natural desire of the shop-keeper to close his shop before darkness contributed to a state of affairs which rendered supervision in most cases unnecessary.

A problem did arise, and still persists, in connection with the purchase of goods, especially food, by people engaged upon war work and particularly so where man and wife go out to work and continue working after the closing hours of shops. The difficulties of such people and of the tradespeople supplying them is realized and the problem is receiving attention from a national standpoint. The solution of the problem may be in the weekly or half-weekly ordering of groceries, greengrocery, meat, etc., and an understanding with the retailer regarding the allocation of goods, rationed or otherwise, and time and place of delivery.

The Chief Constable's staff co-operated in the enforcement of the early closing of shops and in connection with the restriction of Sunday trading and I thank him for the services rendered.

Difficulties arose in connection with the sanitary provisions of the Acts, particularly in regard to the provision and maintenance of light, heat and ventilation, but any complaint of contraventions received prompt attention from the Inspector.

The following tables show the work carried out.



## CONTRAVENTIONS OF SECTION 10 OF THE SHOPS ACT, 1934.

Particulars.	No. of contraventions found.	No. remedied following communication.
1. Non-provision of suitable and sufficient means of ventilation .....	2	2
2. " " means to maintain a reasonable temperature .....	20	14
3. " " sanitary conveniences (or inadequate maintenance of same).....	9	7
4. " " washing facilities (or inadequate maintenance of same) .....	11	7
5. " " means of lighting (or inadequate maintenance of same) .....	Nil	Nil
6. " " facilities for the taking of meals by the employees (or inadequate maintenance of same).....	9	9

## LEGAL PROCEEDINGS TAKEN.

Particulars.	No. of Summonses issued.
1. For failing to close shops in accordance with the general closing hours; contraventions of Section 1 of the Shops Act, 1928 .....	7
2. For failing to close shops on Sundays; contraventions of the Shops (Sunday Trading Restriction) Act, 1936.....	2

## INSPECTIONS.

Number of visits paid to shops in connection with sanitary arrangements and half-day closing.....	477
Number of visits paid to shops in connection with early closing.....	453
Number of visits paid to shops in connection with Sunday closing.....	580
Number of Certificates of Exemption from the provisions of Section 10 of the Shops Act, 1934, granted.....	Nil
Number of shops occupied by Jews registered under Section 7 for carrying on business on Sunday.....	25

**Housing Conditions.**

YEAR ENDED 31ST DECEMBER, 1940.

**(a) GENERAL STATISTICS.**

Area (acres).....	5,202
Population (1937) (Registrar General's Estimate).....	201,800
Number of Houses .....	53,527
Rateable Value (1939-1940).....	£1,130,695
Sum represented by a penny rate (Estimate).....	£4,300

**(B) HOUSING STATISTICS.**

## 1. Inspection of dwellinghouses during the year :—

1. (a) Total number of dwellinghouses inspected for housing defects  
(under P.H. or Housing Acts)..... 7,128

(b) Number of inspections made for the purpose..... 11,570

2. (a) Number of dwellinghouses (included under sub-head (1)  
above) which were inspected and recorded under the Housing  
Consolidated Regulations, 1925..... Nil.

(b) Number of inspections made for the purpose..... Nil.

3. Number of dwellinghouses found to be in a state so dangerous  
or injurious to health as to be unfit for human habitation..... Nil.

4. Number of dwellinghouses (exclusive of those referred to under  
the preceding sub-head) found not to be in all respects reasonably  
fit for human habitation..... 3,823

## 2. Remedy of defects during the year without service of formal Notices :—

Number of defective dwellinghouses rendered fit in consequence of  
informal action by the Local Authority or their officers..... 1,597

## 3. Action under Statutory Powers during the year :—

## A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :

1. Number of dwellinghouses in respect of which notices were  
served requiring repairs..... Nil.

2. Number of dwellinghouses which were rendered fit after  
service of formal notices :—

(a) by owners..... Nil.

(b) by Local Authority in default of owners..... Nil.

*B. Proceedings under Public Health Acts :*

1. Number of dwellinghouses in respect of which notices were served requiring defects to be remedied..... 2,209
2. Number of dwellinghouses in which defects were remedied after service of formal notices :—
  - (a) by owners..... 1,779
  - (b) by Local Authority in default of owners..... 12

*C. Proceedings under Sections 11 and 13 of the Housing Act, 1936 :*

1. Number of dwellinghouses in respect of which Demolition Orders were made..... Nil.
2. Number of dwellinghouses demolished in pursuance of Demolition Orders..... Nil.

*D. Proceedings under Section 12 of the Housing Act, 1936 :*

1. Number of separate tenements or underground rooms in respect of which closing orders were made..... Nil.
2. Number of separate tenements or underground rooms in respect of which closing orders were determined, the tenement or room having been rendered fit..... Nil.

## FITNESS OF HOUSES.

No special difficulties have been found in action under the Public Health Acts. The property owners in general show a disposition to comply with the Notices served under these Acts.

**Eradication of Bed Bugs.**

During the year measures for disinfestation were carried out in a total of 250 dwellinghouses.

Number of Council houses found to be infested .....	20
„ „ other houses found to be infested .....	230
„ „ Council houses disinfested .....	20
„ „ other houses disinfested .....	230

In all cases disinfestation has been carried out by means of Hydrocyanic Acid Gas.



TABLE G. 4.

## REGISTER OF WORK DONE—YEAR ENDING DECEMBER 31ST, 1940.

No. of Complaints received..... 3550

Inspections of	Dwellinghouses .....	7128
	Schools.....	29
	Factories.....	125
	Common Lodging-houses (Day).....	27
	"    "    "    (Night).....	Nil.
	Sublet    "    "    (Day).....	238
	"    "    "    (Night).....	Nil.
	Seamen's Lodging-houses (Day).....	41
	Van Dwellings.....	43
	Tips.....	34
	Bakehouses (Day).....	103
	Ice Cream Shops.....	65
	"    Stalls.....	55
	Miscellaneous.....	3528
	Urinals—Public.....	416
	Stables.....	229
	<i>Re</i> Infectious Diseases.....	841
	Theatres, Cinemas, &c. (Day).....	19
	"    "    (Night).....	Nil.
	{ Shops Acts <i>re</i> Early Closing.....	453
	{     "    " <i>re</i> Sanitary	
	Shops {                   arrangements, etc.,	
	and half-day closing	477
	{     "    " <i>re</i> Sunday Trading	
	Restrictions .....	580
		<hr/> 14,431 <hr/>



REGISTER OF WORK DONE.—*continued.*

House Drains	{	Repaired.....	324
		Reconstructed.....	342
		Trapped.....	423
		Downspouts disconnected from.....	29
		Blockages removed.....	155
Passages and Yards.	{	Inlets opened.....	983
Water-closets	{	New, provided.....	24
		Ventilated.....	23
Ash Receptacles	{	New, provided.....	43
		Bricked up or demolished.....	35
Cleansed, Limewashed, or Redecorated	{	Lodging-houses .....	7
		„ Sublet .....	—
		„ Seamen's.....	6
		Bakehouses.....	38
		Factories.....	2
		Outworkers' premises.....	—
Newly Licensed Common Lodging-houses.....			7
„ „	Seamen's „	„	6
Newly Registered	{	Lodging-houses Sublet .....	5
		Bakehouses.....	10
		Second-hand Goods Stores .....	12
		Ice Cream Shops.....	50
Accumulations Removed	{	Manure and Refuse.....	14
		Stagnant Water.....	1
Manure Receptacles—New, provided.....			—
Passages and Yards	{	Repaired.....	34
Bundles of Infected Bedding and Clothing	{	Stoved.....	—
		Destroyed.....	—
Houses repaired by owners, after Formal Notice.....			1779
„ „ „ „ „	Informal „	„	1597



**Destruction of Rats and Mice—1940.**

During the year, the ratcatchers made 4,525 visits to dwelling-houses, schools, shops, stores and other premises, whilst 914 live rats were caught.

Damage by rats to sanitary fittings, floors, etc., in many cases necessitated structural repairs to property, and these repairs were carried out by the owners of the premises.

The controlled tips and depôts of the Department are kept under constant supervision and means are taken to prevent the aggregation of rats.

Special attention has been paid to premises where food is stored, in view of the need for the prevention of food wastage.

## (C)—GENERAL PROVISION OF HEALTH SERVICES.

## Hospital Services.

The people of Salford avail themselves of the hospital accommodation provided by the Salford Corporation and of the voluntarily provided hospitals of both Salford and Manchester.

## Outdoor Assistance to the Poor.

The amount distributed by way of outdoor assistance to the poor in Salford during the year ending March 31st, 1941, was approximately £81,939.

Particulars relating to the Poor Law Medical Out-relief Districts are set out in the appended tabulation :—

## MEDICAL OUT-RELIEF DISTRICTS.

No. of District.	Area served.	District Medical Officer.
1.	<i>District</i> —Such portion of the former Township of Salford as is comprised within the following boundary :—Commencing at a point in the River Irwell at the Salford Royal Hospital end of the Crescent, easterly along Whitecross Bank and Chapel Street, thence along St. Stephen Street, King Street, Norton Street, and Greengate to the River Irwell at the Salford Bridge ; thence to the left along the River Irwell and the pre-existing Township boundary to the point first named.	Dr. S. Snelson
2.	<i>District</i> —All that part of the former Township of Salford comprised within the following boundary :—Commencing at Windsor Bridge, and thence along the Manchester, Bury and Bolton Canal to the pre-existing boundary of the Townships of Salford and Pendleton, along such boundary through Peel Park to the River Irwell, along the River Irwell to a point nearest the Crescent, thence along the Crescent and Chapel Street to St. Stephen Street, along St. Stephen Street, King Street, Norton Street, Greengate and Chapel Street to Salford Bridge, to the right along the River Irwell to the Manchester, Bury and Bolton Canal, and along such Canal to the point first named.	Dr. S. Snelson

MEDICAL OUT-RELIEF DISTRICTS—*continued.*

No. of District.	Area Served.	District Medical Officer.
3.	<i>District</i> —All that part of the former Township of Salford comprised within the following boundary, viz.:—Commencing at Regent Bridge, along the centre of Regent Road, Trafford Road, and Broadway, to the site of the old Racecourse, thence along the northern boundary of such site to the Manchester Ship Canal, thence along the said Ship Canal and the River Irwell to the point first named.	Dr. W. Saunderson, until 18th May, 1940.  Dr. A. E. Adams, from 19th May, 1940.
4.	<i>District</i> —Commencing at Windsor at the point dividing the former Townships of Pendleton and Salford, thence along the pre-existing Township boundary to the Manchester, Bury and Bolton Canal, along such Canal in a south-easterly direction to the River Irwell, along the River Irwell to Regent Bridge, thence along Regent Road to Trafford Road, along Trafford Road and Broadway and the north-west side of the site of the old Racecourse to the Manchester Ship Canal, along the said Ship Canal to the boundary of the former Townships of Pendleton and Salford; and thence along such boundary to the point first named.	Dr. W. Saunderson, until 18th May, 1940.  Dr. A. E. Adams, from 18th May, 1940.
5.	<i>District</i> —The whole of the former Township of Pendleton.	Dr. J. Garlick.
6.	<i>District</i> —The whole of the former Township of Broughton.	Dr. J. Libman.

The Medical Superintendent of Hope Hospital is appointed Medical Officer for Outdoor Relief Services. This service is administered by the Public Assistance Committee

**Hospital Accommodation.**

Consultations with representatives of Voluntary Hospitals did not take place during 1940, as no additional provision for hospital accommodation was made during the year.

### Vaccination.

No primary vaccinations or re-vaccinations were performed by the Medical Officer of Health under the Public Health (Smallpox Prevention) Regulations, 1917, during 1940.

The Public Vaccinators for Salford and their districts are as follows :—

Description.	District.	Public Vaccinator.
Salford (No. 1) District.	Such part of the Township of Salford as is comprised within the following boundary, namely : Commencing at the former Township boundary between Pendleton and Salford at Broad Street ; along Windsor and the Crescent to Oldfield Road ; along Oldfield Road to Regent Road ; along Regent Road to Regent Bridge ; thence in a northerly and westerly direction along the River Irwell to the boundary between the former Townships of Salford and Pendleton near Peel Park ; thence along the boundary between such former Townships to the point first named.	Dr. V. Newton, 227, Oldfield Road, Salford, 5.
Salford (No. 2).....	Such part of the Township of Salford as is comprised within the following boundary, namely : Commencing at the boundary of the former Townships of Salford and Pendleton at New Windsor, Salford ; along New Windsor and the Crescent to Oldfield Road ; along Oldfield Road to Regent Road ; along Regent Road to the River Irwell at Regent Bridge ; thence in a southerly and westerly direction along the River Irwell and the Manchester Ship Canal to the boundary between the former Townships of Pendleton and Salford ; thence along the boundary between such former Townships to the point first named.	Dr. W. Saunderson, 1, Haworth Street, Cross Lane, Salford, 5, until May, 1940.



Description.	District.	Public Vaccinator.
Pendleton District (Salford Township).	The whole of the former Township of Pendleton.	Dr. E. A. Ferguson, 194, Langworthy Road, Pendleton, Salford 6.
Broughton District (Salford Township).	The whole of the former Township of Broughton.	Dr. R. B. Fletcher, Whin Knowle, 498, Bury New Road, Salford 7.

Mr. A. Sharrocks is Vaccination Officer for the whole of Salford.

Particulars as to vaccination carried out in Salford during the year 1940 are as follows :—

PARTICULARS AS TO VACCINATION DURING 1940.

District.	No. of cases in birth lists.	No. of certificates of vaccination received, irrespective of district of birth.	No. of certificates of postponement owing to			No. of statutory declarations under Section 1 of the Vaccination Act, 1907.	No. of certificates of insusceptibility or of having had smallpox.	No. of cases.		No. of entries in list sent to public vaccinator.
			Health of child	Condition of house.	Prevalence of infectious disease.			Parents removed out of district.	Otherwise not found.	
NORTH.....	751	598	151	....	...	131	10	54	12	286
SOUTH.....	762	597	57	....	....	110	1	11	8	176
WEST.....	1,666	1,034	123	....	....	347	9	156	45	318
TOTAL.....	3,179	2,229	331	....	...	588	20	221	65	780

## SECTION III.

## Infectious Diseases.

The number of cases of infectious diseases notified during 1940 was 5,495, as compared with 1,683 during 1939. This increase is mainly due to the fact that, during the year 1940, there was an epidemic of Measles, during which 3,601 cases were notified, as compared with 90 during 1939. It will be observed that, in addition to Measles, there have been increases in the numbers of cases suffering from the undermentioned notifiable diseases :—

	1939.	1940.
Scarlet Fever .....	258	298
Acute Primary Pneumonia .....	263	436

Details of the number of cases of infectious disease notified are given in Table 1 and 2, pages 55 and 56. Table 3, showing the number of cases of infectious disease notified, removed to hospital, and the number of deaths from such diseases appears on page 58.

The usual methods described in previous reports for the prevention of the spread of infectious diseases were continued. School teachers, in addition, are encouraged to report cases of non-notifiable disease which are at once investigated by the school medical officers.

In addition, Pertussis Antigen, Immune Globulin, Diphtheria Anti-Toxin and Scarlet Fever Anti-Toxin are issued, free of charge, to Medical Practitioners. These arrangements are used to a considerable extent by Salford Medical Practitioners.

Cases of infectious disease which cannot be isolated at home are removed to the Corporation's Infectious Diseases Hospital, the Ladywell Sanatorium and Isolation Hospital (for detailed report upon this Institution, see pages 74 to 95). Bedding and clothing which have been exposed to infection are disinfected at the Corporation's Disinfecting Station.

NOTIFIABLE DISEASES.		Cases notified in Whole District.							Total Cases notified in each Ward.																	
		At Ages—Years.							Albert Park.	Charlestown.	Claremont.	Crescent.	Docks.	Kersal.	Langworthy.	Mandley Park	Ordsall Park.	Regent.	St. Matthias.	St. Paul's.	St. Thomas.	Seedley.	Trinity.	Waste.	Cases removed to Hospital.	
At All Ages	Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.																			
Smallpox.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous croup)	379	11	112	193	42	19	2	...	...	24	44	8	31	24	20	39	12	17	28	10	19	22	12	17	52	377
Erysipelas.....	66	1	...	...	4	12	36	13	...	5	4	2	2	1	8	7	5	4	4	3	2	6	2	3	8	33
Scarlet Fever.....	298	2	78	172	32	13	1	...	...	28	21	13	12	15	25	34	20	19	24	25	13	15	7	9	18	276
Typhus Fever.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...
Enteric Fever.....	7	...	...	1	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	4
Relapsing fever.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia.....	48	...	...	...	14	33	1	...	...	3	6	1	1	2	1	2	3	3	1	2	3	...	...	2	16	7
Cholera.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Meningitis.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute-Poliomyelitis .....	71	6	13	10	14	25	2	1	...	4	6	7	3	5	...	2	3	6	3	2	6	3	2	5	14	5
Acute-Poliomyelitis .....	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anthrax.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Glanders.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary tuberculosis	15	15	...	...	...	...	...	...	...	2	...	1	2	3	1	1	1	...	...	2	...	1	...	1	...	...
Other forms of tuberculosis.....	286	1	4	7	81	122	63	8	...	20	18	15	19	23	15	14	24	23	23	19	9	18	9	25	12	477
Other forms of tuberculosis.....	75	4	7	12	19	25	6	2	...	5	3	6	6	14	4	5	2	4	6	4	4	4	2	2	4	21
Malaria.....	2	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Dysentery.....	8	1	2	1	2	2	...	...	...	...	1	...	...	...	...	...	3	...	...	...	...	...	...	...	4	...
Acute Primary Pneumonia.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenzal Pneumonia	436	34	75	41	51	108	25	...	...	36	18	20	26	15	18	15	17	29	38	36	12	29	20	22	85	10
Encephalitis Leth.....	17	...	1	...	3	4	9	...	...	...	2	1	...	2	...	2	2	1	1	1	1	1	1	1	1	...
Acute Polio Encephalitis.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Polio Encephalitis.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pemphigus Neonatorum.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles.....	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles.....	3601	177	2171	230	16	6	1	...	...	295	277	128	264	203	159	277	211	284	218	273	236	1	...	1	...	...
Whooping Cough .....	182	35	116	29	2	...	...	...	...	31	14	5	6	3	8	26	13	3	2	26	12	13	2	12	6	37
Total.....	5495	290	2580	1696	283	371	226	49	...	454	414	207	372	311	261	424	317	393	348	404	353	352	218	337	330	1338

† Whooping Cough notifiable in Salford from 4th November, 1939.



TABLE I. 2.

SHOWING THE NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED TO THE HEALTH  
DEPARTMENT DURING THE YEARS 1888 TO 1940.

Year.	§ Whooping Cough	† Chicken-pox.	Small-pox.	Scarlet Fever.	Diphtheria.	Fever.				Puerperal.	Puerperal Pyrexia	Pemphigus. Neonatorum.	Erysipelas.	Anthrax.	Cerebro-Spinal Meningitis.	Acute Poliomyelitis.	Ophthalmia Neonatorum.	* Measles.	Tuber- culosis.		Trench Fever.	Malaria.	Acute Polio Encephalitis.	Dysentery.	Acute Primary Pneumonia.	Influenzal- Pneumonia.	Encephalitis. Lethargica.	Total.	
						Enteric.	Typhus.	Con- tinued.	Pul- monary.										Non-Pul- monary.										
1888.....	...	...	52	1128	175	572	31	...	26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1984
1889.....	...	...	...	1283	691	485	3	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2476
1890.....	...	...	...	985	704	383	6	4	22	...	...	...	76	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2180
1891.....	...	...	...	483	231	377	1	6	13	...	...	...	53	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1164
1892.....	...	...	7	865	231	347	5	5	26	...	...	...	86	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1572
Average 5 years	...	...	12	948	406	433	9	3	20	...	...	...	43	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1874
1893.....	...	...	168	865	261	563	5	12	30	...	...	...	147	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2051
1894.....	...	...	35	1043	242	316	1	14	21	...	...	...	130	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1802
1895.....	...	...	4	1167	194	382	...	11	19	...	...	...	111	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1888
1896.....	...	...	2	1579	158	291	7	12	24	...	...	...	114	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2187
1897.....	...	...	...	714	103	291	...	14	13	...	...	...	121	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1256
Average 5 years	...	...	42	1074	192	369	3	13	21	...	...	...	125	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1836
1898.....	...	...	...	659	97	367	16	14	31	...	...	...	146	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1330
1899.....	...	...	...	723	184	273	3	20	26	...	...	...	153	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1382
1900.....	...	...	6	1317	309	335	2	8	21	...	...	...	179	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2177
1901.....	...	...	...	1320	420	317	1	8	33	...	...	...	230	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2329
1902.....	...	...	23	780	292	207	43	6	16	...	...	...	164	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1531
Average 5 years	...	...	6	960	260	300	13	11	25	...	...	...	174	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1750
1903.....	...	...	175	737	335	178	...	1	13	...	...	...	161	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1600
1904.....	...	...	57	1043	422	202	10	7	21	...	...	...	168	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1930
1905.....	...	...	3	960	363	142	...	7	26	...	...	...	176	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1677
1906.....	...	...	...	904	432	225	...	1	21	...	...	...	142	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1725
1907.....	...	...	8	1044	384	92	...	5	23	...	...	...	136	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2048
Average 5 years	...	...	49	938	387	168	2	4	21	...	...	...	157	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1796
1908.....	...	...	...	1341	629	181	...	7	27	...	...	...	127	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2875
1909.....	...	...	...	1577	562	138	...	2	26	...	...	...	182	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3068
1910.....	...	...	...	909	333	113	...	...	24	...	...	...	129	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2159
1911.....	...	...	...	911	375	108	...	...	24	...	...	...	217	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2350
1912.....	...	...	...	541	242	76	...	1	26	...	...	...	181	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2206
Average 5 years	...	...	...	1056	428	123	...	3	25	...	...	...	167	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2532

Year.	§ Whooping Cough.	† Chicken-pox.	Small-pox.	Scarlet Fever.	Diphtheria.	Fever.				Puerperal Pyrexia	Pemphigus Neonatorum.	Erysipelas.	Anthrax.	Cerebro-Spinal Meningitis.	Acute Poliomyelitis.	Ophthalmia Neonatorum.	* Measles.	Tuber- culosis.		Trench Fever.	Malaria.	Acute Polio Encephalitis.	Dysentery.	Acute Primary Pneumonia.	Influenza- Pneumonia.	Encephalitis Lethargica.	Total.
						Enteric	Typhus.	Con- tinued.	Puerperal.									Pul- monary.	Non-Pul- monary.								
1913.....	...	...	4	1224	336	113	...	1	17	...	...	203	3	4	2	...	...	1206	503	...	...	...	...	...	...	...	3616
1914.....	...	...	1	2336	352	63	...	...	20	...	...	248	1	3	5	80	...	1126	236	...	...	...	...	...	...	...	4471
1915.....	...	...	1	997	236	84	...	...	23	...	...	172	...	9	7	97	...	816	195	...	...	...	...	...	...	...	2637
1916.....	...	...	8	442	204	47	...	...	13	...	...	124	...	9	1	60	2065	745	241	...	...	...	...	...	...	...	3959
1917.....	...	...	...	200	183	40	...	...	2	...	...	91	...	2	2	43	3100	575	213	...	...	...	...	...	...	...	4401
Average 5 years	...	...	3	1040	252	69	...	1	15	...	...	167	1	5	3	70	2582	893	278	...	...	...	...	...	...	...	3817
1918.....	...	...	...	289	148	42	...	...	17	...	...	92	...	2	2	53	766	556	143	...	...	...	...	...	...	...	2110
1919.....	...	...	4	663	211	20	...	...	32	...	...	131	...	6	3	85	2689	583	107	2	117	...	56	...	365	4	5078
1920.....	...	...	1	1124	334	49	...	1	40	...	...	135	...	10	1	116	...	574	120	...	42	...	8	...	230	6	2791
1921.....	...	...	...	1746	313	41	...	2	19	...	...	146	...	9	...	81	...	553	102	...	11	...	1	...	394	7	3425
1922.....	...	...	...	1275	359	37	...	...	25	...	...	141	...	4	...	72	...	510	101	...	6	...	...	...	426	1	2957
Average 5 years	...	...	1	1019	273	37	...	1	26	...	...	129	...	6	1	81	1727	555	115	1	35	...	13	...	283	4	3272
1923.....	...	...	...	868	304	27	...	...	22	...	...	98	1	5	1	57	...	547	125	...	4	...	1	...	86	8	2268
1924.....	...	...	...	403	286	26	...	...	18	...	...	89	...	4	1	56	...	557	87	...	1	...	1	...	138	59	2189
1925.....	...	...	...	510	376	30	...	...	17	...	...	134	...	2	1	60	...	507	132	...	1	...	...	...	132	27	3484
1926.....	...	...	...	720	533	10	...	...	20	...	...	140	...	3	4	50	...	532	123	...	1	...	...	...	99	13	2651
1927.....	...	...	1	631	507	9	...	...	7	...	...	120	...	5	4	48	...	573	148	...	2	...	2	...	158	17	2740
Average 5 years	...	...	1	626	401	20	...	...	17	20	20	116	1	4	2	54	...	543	123	...	2	...	1	...	123	25	2437
exclud'g chicken pox	...	...	...	822	425	20	...	1	19	28	11	139	...	13	...	55	...	454	166	...	1	...	...	...	80	12	2709
1928.....	...	...	5	...	...	...	...	...	16	18	10	150	...	5	2	35	...	522	112	...	...	...	...	...	168	9	3027
1929.....	...	...	...	635	678	9	...	...	13	30	6	158	...	2	...	33	...	454	130	...	...	...	...	...	49	8	2753
1930.....	...	...	7	679	736	25	...	1	18	25	27	113	...	4	...	13	...	446	139	...	...	...	...	...	120	3	2461
1931.....	...	...	...	478	582	7	...	...	18	23	21	99	...	7	4	16	...	472	124	...	...	...	...	...	43	3	2470
1932.....	...	...	...	423	727	16	...	...	23	23	15	132	...	6	1	30	...	470	134	...	1	...	1	...	92	7	2684
Average 5 years	...	...	2	607	630	15	...	1	18	25	6	125	...	13	1	18	...	464	122	...	...	...	1	...	124	2	2706
1933.....	...	...	...	582	759	7	...	...	21	38	6	125	...	14	...	14	...	425	135	...	...	...	...	...	15	3	2715
1934.....	...	...	...	547	888	3	...	...	17	32	5	122	...	14	...	28	...	366	93	...	...	...	...	...	45	1	2430
1935.....	...	...	...	587	690	8	...	...	19	27	9	114	...	11	...	17	...	314	103	...	...	...	...	...	28	...	2488
1936.....	...	...	...	543	589	3	...	...	11	18	14	86	...	22	5	17	...	324	93	...	...	...	...	...	66	...	3454
1937.....	...	...	...	470	531	8	...	...	15	54	5	103	1	16	...	9	...	379	109	...	...	...	...	...	56	...	2759
Average 5 years	...	...	...	546	691	6	...	...	15	34	8	110	1	15	1	17	...	331	86	...	1	...	2	...	14	1	4606
1938.....	...	...	...	425	541	1	...	...	...	42	10	113	1	15	...	14	...	307	69	...	...	...	...	...	19	...	1683
1939.....	23	...	...	258	460	8	...	...	...	59	19	88	...	7	3	9	...	...	...	...	...	...	...	...	...	...	...
1940.....	182	...	...	298	379	7	...	...	...	48	3	66	...	71	1	15	...	...	...	...	2	...	...	...	17	...	...

\* Measles notifiable in Salford 1916 to 1919, and from May 15th, 1936. † Chicken-pox notifiable in Salford, January 22nd to December 31st, 1925.

‡ Not notifiable after October 1st, 1937. § Whooping Cough notifiable in Salford from November 4th, 1939.



TABLE I. 3.

NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED, NUMBER REMOVED TO HOSPITAL, AND THE NUMBER OF DEATHS FROM SUCH DISEASES DURING THE YEAR 1940.

DISEASE.	CASES NOTIFIED.										AGE GROUPS.			Number Removed to Hospital.	Total Deaths.
	Under 1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	Over 65	Total.		
Diphtheria .....	11	17	32	33	30	138	55	26	29	6	2	—	379	377	15
Scarlet Fever .....	2	9	20	25	24	115	57	20	25	—	1	—	298	276	—
Measles.....	177	375	527	627	642	1063	167	14	8	—	1	—	3601	91	—
Erysipelas .....	1	—	—	—	—	—	—	3	10	3	36	13	66	33	—
Pneumonia—Primary .....	34	35	20	5	15	31	13	29	75	52	102	25	436	10	214
Pneumonia—Influenzal .....	—	—	—	1	—	—	—	1	4	2	9	—	17	—	
Puerperal Pyrexia .....	—	—	—	—	—	—	—	4	37	6	1	—	48	7	
Encephalitis Lethargica....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis	6	5	2	2	4	4	6	12	15	12	2	1	71	5	15
Enteric Fever .....	—	—	—	—	—	1	—	1	2	1	2	—	7	4	—
Malaria .....	—	—	—	—	—	—	—	1	—	—	1	—	2	—	—
Acute—Polio Myelitis .....	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—
Dysentery .....	1	—	2	—	—	—	1	1	2	1	—	—	8	—	—
Ophthalmia Neonatorum..	15	—	—	—	—	—	—	—	—	—	—	—	15	—	—
Pemphigus Neonatorum ..	3	—	—	—	—	—	—	—	—	—	—	—	3	—	—
Anthrax .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—Pulmonary.....	1	—	2	1	1	1	6	33	123	47	63	8	286	477	199
Tuberculosis—Non-Pulmonary.....	4	2	2	2	1	9	3	9	28	7	6	2	75	21	34
† Whooping Cough .....	35	32	23	32	29	29	—	2	—	—	—	—	182	37	9
TOTAL .....	290	475	630	728	746	1391	308	155	358	137	225	49	5495	1,338	493

† Whooping Cough notifiable in Salford from November 4th, 1939.

**TUBERCULOSIS DISPENSARY.****Annual Report for 1940.**

The Tuberculosis Dispensary is situated at Nos. 145 and 147, Regent Road, Salford, and consists of two consulting rooms with waiting and dressing rooms attached, X-ray and dark rooms and a room set apart and specially fitted up for the performance of Artificial Pneumothorax Refills, Gas Replacements, etc., which is necessary owing to the increasing number of patients undergoing collapse therapy. There are no branch dispensaries or visiting stations. The staff consists of one Medical Officer, five Health Visitors and two Clerks.

The number of sessions for examination of patients has therefore been unavoidably reduced in number. We have concentrated on the examination of new patients and contacts with as many of the older patients as possible.

A large number of persons suffering from chronic tuberculosis are now working, due possibly to opportunities afforded by the war, and we have been unable to get them to attend for examination at the Day Clinics.

As only one weekly evening session is available, it has not been possible to examine more than a proportion of these patients during the year, especially as last winter, owing to black-out conditions, it was thought advisable to discontinue the evening clinics so that patients would be able to get home without risk. The evening clinic was re-opened in March and continued to October.

In addition to the Dispensary work the Tuberculosis Officer is responsible for the treatment of tuberculous patients at Ladywell Sanatorium (72 beds) and the Senior Tuberculosis Officer visits the Municipal (Hope) Hospital every week for the purpose of consulting with the Medical staff as to the diagnosis of suspected cases of tuberculosis and to recommend the most suitable treatment.

**(a) Patients Referred for Examination.**

Six hundred and nineteen (619) patients (including non-pulmonary cases) were referred to the Tuberculosis Officer for examination by General Practitioners, School Medical Officers, and local hospitals during 1940.

The relations between the General Practitioners of the City and the Dispensary Medical staff are most cordial and every encouragement is given to send all suspected cases to the Dispensary for examination. A full report of the condition found after physical and X-ray examination is sent to the Doctor concerned, and it has been possible to give invaluable assistance in diagnosing not only lesions of the chest and other organs caused by tuberculosis, but many other non-tuberculous lesions of the chest. This is of great value to Practitioners in the treatment of such cases.



A large majority of the patients referred for examination are seen before notification.

A point of first importance, and one that is frequently neglected, is the sending of samples of patient's sputum for examination for the presence of tubercle bacilli in all cases of persistent cough which do not yield early to ordinary treatment.

Seven hundred and seventy-seven (777) samples of sputum were examined in 1940.

All sputum examinations desired by Medical Practitioners are made free of charge at the Municipal Pathological Laboratory and special sterile metal containers are provided for the collection of specimens.

#### **(b) Routine Procedure.**

In dealing with patients the same routine procedure as in former years has been carried out.

The full staff of Health Visitors has been available and during 1940 6,018 visits were made to the homes of patients.

Contact examinations have not been allowed to fall off. 97 adults and 79 child contacts have been examined and of this number 4 adults were found to be suffering from pulmonary tuberculosis.

It will be noted that the number of child contacts and children referred for examination is lower than in previous years. This may possibly be accounted for by the fact that many children have been evacuated from this area.

#### **(c) X-ray Examination.**

The new X-ray plant has been in full operation during the year and has given admirable results.

The new apparatus is in two sections. One portion being specially designed to produce the finest skiagrams of the chest which modern equipment in X-ray engineering has made possible. The second portion is mainly for the X-ray examination of other portions of the human anatomy, but can be used for chest examinations in the case of a breakdown in the first portion and also has an attachment for Tomographic examination of the chest.

Skiagrams of the lungs which can now be taken by means of a powerful rotating anode tube, show magnificent definition and consequently a definite diagnosis is more readily made.

Every new case sent for examination is carefully screened after physical examination, and in all cases a skiagram of the chest or other part is taken.

This method of examination is an invaluable aid, not only for purposes of diagnosis, but in obtaining information as to the real extent of the disease in the lungs, bones or joints of the patient. It is also of great value in determining the results of treatment. Two thousand three hundred and three (2,303) X-ray examinations were made last year. X-ray examinations have been found of great value to General Practitioners in the differentiation of other chronic diseases of the lung simulating tuberculosis, many of which in the past have been diagnosed as cases of pulmonary tuberculosis. It should also be noted that considerable time is now saved in making a definite diagnosis of chest diseases, and doubtful cases are not required to be kept under observation for periods of longer than one or two months before a final decision can be made.

We have X-rayed a considerable number of pregnant women for the Maternity and Child Welfare Department.

In the X-ray Department a reducing camera was installed some years ago, and when a radiogram showing tuberculous disease is taken, a reduced sized photographic copy is sent to the General Practitioner. In order that he may have an accurate knowledge of the condition and extent of the disease, careful notes describing the lesions are filled in on the back of the photograph.

#### **(d) Treatment by Artificial Pneumothorax.**

This method of treatment now so well established has been carried out as usual.

Refills are continued at the Dispensary after the patients' discharge from the Sanatorium. Owing to so many of the patients being at work, one evening clinic each fortnight is set aside for the Artificial Pneumothorax refills for the convenience of these persons.

#### **Analysis of Cases Given Artificial Pneumothorax Treatment.**

During the past year seventeen (17) new cases commenced treatment by Artificial Pneumothorax at Nab Top Sanatorium. Fifty-seven (57) patients continued their refills at the Dispensary, thirty-six (36) of whom are working with completely quiescent disease. The number of Artificial Pneumothorax refills carried out at the Dispensary and Nab Top Sanatorium during the past year was as follows :—

Tuberculosis Dispensary.....	734
Nab Top Sanatorium .....	264
	<hr/>
Total Number of Refills .....	998
	<hr/>

**Other Forms of Treatment for Pulmonary Tuberculosis.****1. TREATMENT BY GOLD SALTS (GOLD THIOSULPHATE).**

This treatment has been carried out in suitable cases, on the same lines as last year.

**(e) Insured Persons.**

Insured patients not in need of Institutional treatment are usually placed on domiciliary treatment, that is to say, they are treated by their own doctors whilst residing at home, and records of progress should be furnished every three months by the attending Medical Practitioners on Form G.P. 36. These patients are examined from time to time by one of the Tuberculosis Officers, and a report furnished to the Practitioner concerned.

**(f) Dispensary Treatment.**

Non-insured patients suffering from chronic disease who are unsuitable for Sanatorium treatment or who have received Institutional treatment and are now ambulant, and who are too poor to pay a General Practitioner, are treated at the Dispensary by Cod Liver Oil Emulsions or suitable drugs.

The condition of these persons depends to a large extent on the home conditions, the facilities for obtaining suitable food and the general habits of the patient. Their disease appears to remain stationary for long periods, especially when they are of middle age or over and when the acute stage of the disease is past.

Extra nourishment in the form of milk and eggs has been allowed in suitable cases as specified by the Ministry of Health.

**(g) Non-pulmonary Tuberculosis.**

The total number of primary and informal notifications of non-pulmonary or surgical tuberculosis received during 1940 was seventy-five (75), fifty-two (52) adults and twenty-three (23) children of school age. These are made up of cases suffering from disease of glands, bones, joints, abdomen, meninges and other forms. The majority of these patients are not seen at the Dispensary as they are usually sent direct by the General Medical Practitioners to the local hospitals for diagnosis and treatment. A certain number are sent in the first instance to the Dispensary by General Practitioners when the diagnosis is doubtful and in the case of children some are referred by the School Medical Officers.

Cases requiring surgical treatment are sent by the Dispensary Medical Officers to the Municipal Hospital in most instances, but some are first seen at Salford Royal Hospital. Where Sanatorium treatment is likely to be of benefit the patients are sent by the Tuberculosis Officers and at the request of Hospital Medical Officers to Nab Top Sanatorium. When considered suitable, patients are referred for treatment at the Artificial Sunlight Clinic.



### ARTIFICIAL SUNLIGHT.

Five sessions per week are allotted to the Tuberculosis Department for the treatment of non-pulmonary tuberculosis in the Artificial Sunlight Clinic. The equipment consists of :—

Two Carbon Arc Lamps of the Westminster type.  
One Jesionek Mercury Vapour Lamp.

Cases suitable for this form of treatment are :—

- (a) Tuberculosis of the skin.
- (b) Tuberculous glands, especially those with discharging sinuses.
- (c) Abdominal Tuberculosis.
- (d) Tuberculosis of bones and joints.

All these forms of non-pulmonary disease derive great benefit, except those showing marked changes in the bones or joints of old standing.

A large number of children of school age have been given courses of Artificial Sunlight at the request of the School Medical Officers. These have been cases of General Debility or recurring Bronchial Catarrh and especially when these came from tuberculous households. Combined with treatment at an Open-air School much benefit has been shown by these children.

### EXAMINATION OF CHILDREN.

The usual liaison has been maintained with the Medical Officers of Schools and Maternity and Child Welfare Departments, and General Practitioners have also referred a certain number of children. For details see Table 1 (Sections A and B).

### INSTITUTIONAL TREATMENT.

#### (a) Nab Top and Ladywell Sanatoria.

The residential institutions in connection with the tuberculosis scheme are :—

- (a) Nab Top Sanatorium, Marple.
- (b) Ladywell Sanatorium, Salford.

There are 120 beds available at the Nab Top Sanatorium, Marple, for the treatment of Salford patients. These beds are occupied principally by observation, early, and intermediate cases of pulmonary tuberculosis. Occasionally, however, cases of surgical tuberculosis are admitted for treatment. Twelve of the beds which are in rather exposed shelters are not used during the six winter months.



At the Ladywell Sanatorium there are 72 beds set apart for the treatment of tuberculosis. Many cases are being admitted to the Ladywell Sanatorium while the temperature remains above normal; subsequently, on becoming afebrile, they are transferred to the Nab Top Sanatorium, Marple, for open-air sanatorium treatment. It has been found that many cases of quite moderate severity do badly at an open-air sanatorium such as Nab Top, where they are almost completely in the open air, but when admitted to the Ladywell Sanatorium, in which, while there is an abundance of fresh air, the patient is not actually living and sleeping in the open air, excellent progress is made, and the patient's temperature rapidly falls. Numbers of these patients have been transferred from the Nab Top Sanatorium, where they had been in bed continually for several months with no apparent improvement, and on transfer to the Ladywell Sanatorium immediate improvement with a fall of temperature has been noticed. It is, consequently, of great value to have two Institutions of different type for the treatment of pulmonary tuberculosis.

The Ladywell Sanatorium is also largely used for the isolation of advanced cases; such isolation is undoubtedly of great value in lessening the danger of massive infection in the homes, but is detracted from by the difficulty of keeping the patients in hospital indefinitely.

When the new X-ray plant was installed at the Dispensary in April, 1939, the old installation from the Dispensary was removed and set up at the Ladywell Sanatorium. This plant was badly needed, as patients for X-ray examination have for many years had to be transferred by ambulance to the Regent Road Clinic. The apparatus has operated successfully throughout the year.

#### **(b) Treatment of Tuberculous Skin Diseases.**

Special arrangements have been made with the Manchester and Salford Hospital for Skin Diseases for the treatment of lupus and other tuberculous skin lesions. A large number of these cases were approved for Artificial Sunlight treatment and there is no doubt that this method has a very beneficial effect on the lesions, recovery being much more rapid than in cases treated by local applications only. It is, however, necessary in order to obtain the maximum benefit that the patients should attend daily for Artificial Sunlight treatment.

The number of visits paid by patients to the Skin Hospital for treatment during 1940 was one hundred and thirty-nine (139), and the total number of tuberculous skin cases treated was fifteen. (15).

All suitable cases are treated at our own Artificial Sunlight Clinic. In this way patients, who had previously been treated at the Manchester and Salford Hospital for Skin Diseases, now attend our own Sunlight Clinic where the treatment is carried out at a much cheaper rate than hitherto. During 1940, seventy-one (71) patients received treatment at the Clinic with a total number of attendances of one thousand four hundred and thirty-three (1,433).

**GENERAL REMARKS.**

The powers contained in the Salford Corporation Act, 1920, and the Public Health Act, 1936, for the compulsory removal to hospital of persons suffering from pulmonary tuberculosis have not been utilised up to the present time.

It has been found that in obstinate cases of advanced disease it is sufficient to warn the patient that compulsory powers can be put in force on application to a magistrate.

No action has been necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with tuberculous employees in the milk trade.

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**TABLE 1.**  
**SUMMARY OF WORK DONE AT THE TUBERCULOSIS**  
**DISPENSARY IN 1940.**

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.			
	Adults M.	F.	Children M.	F.	Adults M.	F.	Children M.	F.	Adults M.	F.	Children M.	F.
A. New cases examined during the year—												
(a) Definitely tuberculous.....	111	97	3	3	12	16	7	6	123	113	10	9
(b) Doubtfully tuberculous.....	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous..	—	—	—	—	—	—	—	—	194	141	12	17
B. Contacts examined during the year—												
(a) Definitely tuberculous.....	2	2	—	—	—	—	—	—	2	2	—	—
(b) Doubtfully tuberculous.....	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous..	—	—	—	—	—	—	—	—	35	58	35	44
C. Cases written off Dispensary Register as—												
(a) Recovered .....	21	18	1	—	4	5	10	4	25	23	11	4
(b) Diagnosis not confirmed or non-tuberculous.....	—	—	—	—	—	—	—	—	230	199	49	61
D. Number of persons on Dispensary Register on December 31st—												
(a) Diagnosis completed.....	366	285	16	11	43	58	49	33	409	343	65	44
(b) Diagnosis not completed.....	—	—	—	—	—	—	—	—	—	—	—	—
1. No. of persons on Dispensary Register on January 1st....	1017				8. No. of visits by Nurses or Health Visitors to homes for Dispensary purposes....				5421			
2. No. of patients transferred from other areas and "lost sight of" cases returned....	28				9. No. of—							
3. No. of patients transferred to other areas and cases "lost sight of".....	193				(a) Specimens of sputum, &c., examined.....				407			
4. Died during the year (Dispensary cases) .....	184				(b) X-ray examinations made in connection with Dispensary work.....				2303			
5. No. of attendances at Dispensary (including contacts).....	4101				10. No. of "TB plus" cases on Dispensary Register on December 31st.....				419			
6. No. of consultations with medical practitioners—					11. No. of insured persons under Domiciliary treatment on December 31st.....				532			
(a) Personal .....	8				12. No. of "Recovered cases" restored to Dispensary Register.....				—			
(b) Other.....	617											
7. No. of visits by Tuberculosis Officers to homes.....	15											

TABLE 2.

SHOWING PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH  
IN FATAL CASES OF PULMONARY TUBERCULOSIS.

	Number.	Per-centage
Not Notified before death.....	18	8·65
Notified within three months of death .....	49	23·56
„ from three months to one year before death....	38	18·27
„ from one year to two years before death.....	29	13·94
Over two years.....	74	35·58

Total number of deaths, 208.

Ratio of non-notified cases to total fatal cases, 18—208.

TABLE 3.

NEW CASES AND MORTALITY DURING 1940.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0.....	1	....	2	2	1	....	2	2
1.....	1	3	4	3	....	1	3	3
5.....	1	....	4	5	....	....	....	....
10.....	3	3	2	1	....	1	2	....
15.....	14	19	1	8	5	8	....	3
20.....	16	32	2	8	9	18	1	1
25.....	38	37	6	12	24	23	....	1
35.....	32	15	3	4	25	12	....	2
45.....	28	9	....	3	35	6	....	1
55.....	17	9	3	....	20	6	2	1
65 and upwards.....	6	2	2	....	9	5	2	....
Totals.....	157	129	29	46	128	80	12	14



TABLE 4.

OCCUPATIONS OF THE 286 CASES OF PULMONARY TUBERCULOSIS NOTIFIED.

MALES.

1. Joiners, House Decorators and Building Trades .....	12	13. Cotton Workers.....	3
2. Carters and Hawkers .....	2	14. Warehousemen .....	7
3. Labourers and Navvies.....	23	15. Grocers.....	2
4. Tramway Workers.....	2	16. Caretakers .....	2
5. Clerks and Typists .....	5	17. Publicans .....	2
6. Makers of Wearing Apparel.	9	18. Chemists .....	2
7. Colliers .....	2	19. Ex-Soldiers .....	7
8. Mechanics and Engineering Workers.....	23	20. Packers.....	3
9. Seamen.....	9	21. Scholars.....	5
10. Railway Workers .....	5	22. Miscellaneous Occupations.	20
11. Commercial Travellers.....	2	23. No Occupation.....	8
12. Dyers and Bleachers.....	2		
		Total.....	157

FEMALES.

1. Clerks and Typists .....	5	8. Electrical Equip't Workers	4
2. Makers of Wearing Apparel.	25	9. Shop Assistants .....	4
3. Rubber Workers.....	6	10. Packers.....	2
4. Cotton Workers.....	9	11. Miscellaneous Occupations..	13
5. Nurses.....	4	12. No Occupations.....	5
6. Housewives.....	49		
7. Charwomen and Laundresses	3	Total.....	129

During the year 1940, 75 new notifications of non-pulmonary tuberculosis have been received.

The new cases of non-pulmonary tuberculosis notified are classified in the following table :—

	Glands.	Bones.	Abdo- men.	Skin.	Men- inges.	Other forms.	Totals.
Under 10 years.....	6	4	1	1	5	3	20
10 to 20 years.....	3	4	—	—	5	—	12
20 to 30 „ .....	7	5	3	1	2	2	20
30 to 40 „ .....	4	6	—	—	1	—	11
Over 40 „ .....	1	4	3	1	—	3	12
Totals.....	21	23	7	3	13	8	75

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**NAB TOP SANATORIUM.**

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**Annual Report.**

RESIDENT STAFF.—Medical Superintendent, Matron, Home Sister, two Ward Sisters, eleven Nurses, Cook, Laundress, seventeen Maids and Lodge Porter.

NON-RESIDENT STAFF.—Engineer, School-Mistress, Porter and two Gardeners.

ACCOMMODATION.—From April 1st to September 30th each year there is accommodation in the Sanatorium for 120 patients (62 adult males, 42 adult females, 8 male children, and 8 female children).

From October 1st to March 31st, accommodation is slightly less, namely 108 (50 adult males, 42 adult females, 8 male children, and 8 female children).

TYPE OF CASE TREATED.—The Sanatorium is used for the treatment of early and intermediate cases of Phthisis.

A few advanced cases who show good resistance to the disease are also treated. A number of "observation" cases are admitted.

LINES OF TREATMENT.—The treatment adopted is chiefly Hygienic—open air, rest and graduated exercise.

In 1940, nineteen (19) patients were treated by means of Artificial Pneumothorax. Of these, seventeen (17) were induced at the Sanatorium and refills were carried out on the remaining cases who had been induced elsewhere or at Marple in 1939. In all, 264 refills were given during the year. The average duration of stay of these patients was 163 days, as compared with an average stay of 99 days for the whole Institution. Whilst the great majority of cases of Artificial Pneumothorax showed marked improvement, and in a few cases almost a miraculous degree of improvement, it is to be regretted that this method of treatment cannot be applied to every case, but unless suitable cases are chosen, *i.e.*, with disease confined to one lung, or at most with a slight degree of disease in the other lung, much harm would be done by an indiscriminate use of such treatment. About 10 to 15 per cent. of Artificial Pneumothorax cases develop a pleural effusion, due to an adherent pleura or to an adhesion and these cases never do so well as the fluid-free cases. The great majority of patients having this treatment and who continue with refills at the Chest Dispensary after leaving the Sanatorium do exceedingly well and are mostly able to carry on with their ordinary occupation during the treatment, which is a great advantage to the patient. Of all the modern methods of treatment Artificial Pneumothorax has, up to the present, given the best results and is likely to remain in favour permanently as a curative method.

Nearly 200 X-ray plates were taken during the year and over 600 screenings were done.

Treatment by Gold Salts is also in use at the Sanatorium. Last year fifteen (15) patients were treated by this method and whilst a few cases did quite well it cannot be said that this method of treatment is really successful.

The recreation rooms are provided with all the social amenities; card-tables, darts and indoor games are provided and the patients can write or play games with comfort. The men's recreation room is also provided with a billiard table. Each recreation room has been provided with its own wireless installation whereby patients may listen to any programme they so desire. These rooms have already proved an inestimable boon and are greatly appreciated by the patients. The rooms are open from 3-30 to 4-30 and from 6-0 to 8-0 p.m. In inclement weather they are open from 2-0 p.m. instead of 3-30 p.m. and are heated by coal fires which tend to make them much more cheerful and home-like than if heated by pipes. It has been found that the establishment of these recreation rooms has led to a much more cheerful and contented patient and I am decidedly of opinion that they have been the means of keeping patients in the Sanatorium for longer periods during the winter months than would otherwise have been the case.

The three "R's" are not the only things that matter. An open-air school under the guidance of a competent teacher, has been established for patients under 16 years of age. This has been a boon to those children whose state of health has not permitted them to attend the ordinary school at home. No child is allowed to attend school unless certified physically fit by the Medical Superintendent. Handicraft and gardening take up a good part of the time, the latter especially in the spring and summer, and nature walks and rambles are much appreciated.

A fair proportion of the vegetables used by the Sanatorium is grown in the grounds, and in this work to some extent patients are able to help.

At present the recreations are much as in former years. Bowls and putting for the men and croquet for the women provide most of the recreation in the summer and the lawns are in constant demand for these games. In the winter months whist drives are held frequently.

CANTEEN.—A canteen has been established in the grounds wherein are sold those articles likely to be used in everyday life.

EDUCATION.—The Medical Superintendent at frequent intervals delivers lectures to the patients on such subjects as "Pulmonary Tuberculosis," "Rules of Health" and "The Care of the Mouth and Teeth." It is hoped that on leaving, patients may carry out the instructions given in these lectures and thus minimise the spread of infection in their own homes.

Appended is a table showing the number of admissions, etc., and the number of patient-days during the year 1940:—



TABLE A—(Nab Top Sanatorium).

SHOWING THE NUMBER OF ADMISSIONS, ETC., AND THE NUMBER OF  
“PATIENT-DAYS” DURING THE YEAR 1940.

	Total Adults.		Children under 15.			Totals.		
	Males	Females	Males	Females	Both	Males	Females	Both
Number of Patients admitted prior to 1940 who remained in Sanatorium for some part of 1940.....	17	18	6	3	9	23	21	44
Number of “Patient-days” in 1940 for patients admitted prior to 1940 who remained in Sanatorium for some part of 1940.....	2086	2714	941	711	1652	3027	3425	6452
Total admissions, 1940.....	102	90	10	7	17	112	97	209
Total discharges and deaths, 1940.....	86	75	10	6	16	96	81	177
Number of “Patient-days” for persons admitted during 1940.....	8182	8426	855	1047	1902	9037	9473	18510
Total number of “Patient-days” for 1940.....	10268	11140	1796	1758	3554	12064	12898	24962
Average number of Patients in Sanatorium each day during 1940.....	28.1	30.5	4.9	4.8	9.7	33.0	35.3	68.3

NOTE.—The term “Patient-days” represents the product of the number of patients and the number of days spent by those patients in the Sanatorium.



TABLE B.—PATIENTS DISCHARGED FROM NAB TOP SANATORIUM DURING 1940.

Condition at Time of Discharge.		Duration of Residential Treatment in Institution.											
		Under 3 Months, but exceeding 28 days.				3 to 6 Months.				6 to 12 Months.			
		M.	F.	Ch.		M.	F.	Ch.		M.	F.	Ch.	Over 12 Months.
Pulmonary Tuberculosis.....	Quiescent.....	2	1	...		...	2	2		5	10	2	2
	Not Quiescent.....	37	21	1		10	13	1		9	18	1	...
	Died.....	...	1	...		1	...	...		...	...	1	...
	Totals.....	39	23	1		11	15	3		14	28	4	2
Non-Pulmonary Tuberculosis.....	Quiescent.....	...	...	...		...	1	...		...	...	3	1
	Not Quiescent.....	5	2	...		...	...	...		1	...	1	...
	Died.....	...	...	...		...	...	...		...	...	...	...
	Totals.....	5	2	...		...	1	...		1	...	4	1
Observation for Purposes of Diagnosis.....		Under 4 weeks.											
		Tuberculous.....				Non-Tuberculous.....				Over 4 weeks.			
		...				...				...			
		...				...				1			

## LADYWELL SANATORIUM.

TABLE SHOWING THE NUMBER OF ADMISSIONS, ETC., AND THE NUMBER  
OF "PATIENT-DAYS" FOR 1940.

## TUBERCULOSIS CASES.

	Males.	Females.	Totals.
Total Number of Admissions during 1940	165	124	289
Number of Persons Admitted prior to 1940 who remained in Hospital for some part of 1940.....	27	18	45
Total Number of Discharges and Deaths during 1940.....	155	114	269
Patients in Hospital on the 31st December, 1940.....	37	28	65
Number of "Patient-days" for Persons Admitted during 1940.....	8985	7721	16706
Number of "Patient-days" (in 1940) for Persons Admitted prior to 1940 who remained in Hospital for some part of 1940.....	1482	1185	2667
Total Number of "Patient-days" for 1940.	10467	8906	69373
Average Number of Patients in Hospital each day during 1940.....	28.7	24.4	53.1

## LADYWELL SANATORIUM AND ISOLATION HOSPITAL.

## Report for the Year 1940.

This report covers the period from 4th March to 31st December for fever cases and the whole year for tuberculosis cases. On the 4th March the fever wards of the Hospital were re-opened after being evacuated since the outbreak of war.

At the beginning of the year there were 45 patients (tuberculosis only) in Hospital; these with the 1,603 admitted during the year made a total of 1,648 cases under treatment. Of this total 1,379 were discharged, 152 died and 117 were in Hospital at the end of the year. The number of cases treated, 1,648, compares with 1,446 in 1939, and with 2,552 the average number of cases treated for the previous five years 1934-1938.

The cases treated were as follows:—

Scarlet Fever .....	293
Mixed Infections .....	27
Measles.....	113
Enteric Fever .....	13
Diphtheria .....	440
Erysipelas .....	37
Puerperal Fever .....	18
Tuberculosis .....	329
Other Diseases .....	378
	<u>1,648</u>

The number of cases admitted from \*Out-districts was 461, as compared with 278 in 1939. The daily average number of patients in 1940 was 155.4, the highest being 229 on 2nd December, and the lowest 44 on 6th January. The daily average number of Out-district patients was 38.8 compared with 36.3 in 1939, and with 54.7 for the previous five years 1934-1938. 1,603 patients were admitted during the year, as compared with 1,201 in 1939, and with 2,288 the average for the previous five years 1934-1938.

The following summary shows the diagnosis of the cases before admission and after observation in Hospital:—

\* Eccles, Farnworth, Irlam, Stretford, Urmston, Manchester Port  
Sanitary Authority and Service patients.

	Diagnosis before Admission.	Diagnosis after Observation.
Scarlet Fever .....	343	293
Mixed Infections .....	16	27
Measles.....	126	113
Enteric Fever .....	16	13
Diphtheria .....	540	440
Erysipelas .....	48	37
Puerperal Fever .....	22	18
Tuberculosis .....	289	284
Other Diseases .....	203	378
	<u>1,603</u>	<u>1,603</u>



Details of the alterations in diagnosis will be found in the Tables V and VI, pages 22 and 23. A tabulation of cases classified as "Other Diseases" will be found on page 16.

MIXED DISEASES.—Twenty-seven of the patients discharged were found to be suffering from two distinct diseases, as follows:—

Measles and Whooping Cough .....	4
Scarlet Fever and Diphtheria .....	7
Diphtheria and Measles .....	4
Diphtheria and Rubella .....	1
Scarlet Fever and Whooping Cough.....	2
Scarlet Fever and Rubella .....	3
Scarlet Fever and Measles .....	3
Chicken Pox and Measles .....	1
Impetigo and Scabies .....	1
Erysipelas and Cellulitis .....	1
	—
	27
	—

DEATHS FROM MIXED DISEASES.—There was one death—Diphtheria (severe faucial and laryngeal) and Measles. The average stay in Hospital for all mixed diseases cases discharged well in 1940 was 43·8 days, and for the fatal case 7 days.

CROSS INFECTION.—The new cubical block has been in regular use since the Hospital re-opened and has proved exceptionally useful. The demand for its cubicles has been so great that two cots have had to be placed in the one cot cubicles. An A.R.M.O. to the M.S.: "How on earth did you carry on without it?" Yes, it was often like a jig-saw puzzle to find the proper place for the patient.

The number of patients discharged in 1940 who contracted another infection was 7; details as follows:—

Sent in as:—	Secondary Infection:—	
Diphtheria .....	Measles .....	1
Diphtheria .....	Scarlet Fever.....	1
Scarlet Fever .....	Measles .....	1
Diphtheria .....	Rubella .....	1
Scarlet Fever .....	Rubella .....	3
		—
		7
		—

The average stay in Hospital for the 7 cross infected cases discharged well in 1940 was 72·4 days.

The total number of cases discharged well in 1940 was as follows :—

Disease.	Number.
Scarlet Fever .....	289
Mixed Infections .....	23
Measles.....	101
Enteric Fever .....	12
Diphtheria .....	412
Erysipelas .....	34
Puerperal Fever .....	17
Tuberculosis .....	153
Other Diseases .....	338
	<hr/> 1,379 <hr/>

The average stay in Hospital for all cases discharged well during 1940 was :—scarlet fever 30·1 days ; mixed infections 43·8 days ; measles 17·3 days ; enteric fever 52·5 days ; diphtheria 43·6 days ; erysipelas 17·0 days ; puerperal fever 22·0 days ; tuberculosis 74·1 days ; other diseases 15·5 days.

DEATHS.—The total number of fatal cases in 1940 was :—

Disease.	Number.
Scarlet Fever .....	1
Mixed Infections .....	1
Measles.....	3
Diphtheria .....	16
Erysipelas .....	1
Tuberculosis .....	111
Anæmia .....	1
Cerebro-spinal Fever .....	3
Chronic Ulcerative Colitis .....	1
Pemphigus Neonatorum ..	1
Pneumonia .....	4
Tuberculous Meningitis .....	4
Vincent's Angina .....	1
Whooping Cough .....	4
	<hr/> 152 <hr/>

The average stay in Hospital for all fatal cases, excepting tuberculosis was 8·4 days. The average stay for tuberculosis cases was 54·7 days.

The daily average number of patients in Hospital in 1940 was 155·4 as compared with 151·6 in 1939, and with 249 the daily average for the previous five years 1934-1938.

There were remaining in Hospital on 31st December, 1940, 117 cases, as compared with 45 last year. The cases remaining on 31st December, 1940, were :—Scarlet fever 3 ; mixed infections 3 ; measles 9 ; enteric fever 1 ; diphtheria 12 ; erysipelas 2 ; puerperal fever 1 ; tuberculosis 65 ; other diseases 21—Total 117.

The average number of Out-district patients in 1940 was 38·8 ; eight of the cases remaining in on 31st December, 1940, were from Out-districts.

### DETAILED INFORMATION ABOUT SOME DISEASES.

#### Scarlet Fever.

The number of cases admitted was 293 as against 241 in 1939. 343 cases were certified as having scarlet fever, but in 58 cases the diagnosis had to be revised. In addition 3 cases admitted as mixed infections and 5 as diphtheria proved to be scarlet fever.

289 cases were discharged well during the year as against 305 last year. There was 1 death from this disease.

Details of the 1 fatal case of scarlet fever :—

Man aged 54 years had diabetes (on admission), complications empyema, was 14 days in Hospital.

The type of the disease was mild. Concentrated scarlatinal antitoxin was given intra-muscularly in 2·5 to 10 c.c. doses to all but the very mildest cases, in addition, Sulphanilamide (Streptocide) was given. The more important complications were as follows :—

	Cases affected.	Percentage of Discharged Cases.
Adenitis and Abscess .....	1	·34
Otorrhœa and Otitis Media .....	14	4·84

Other complications were as follows :—Abscess (thigh) 1 ; acute rheumatism 2 ; albuminuria 1 ; epilepsy 1 ; mastoiditis (operation) 1 ; otorrhœa and pyelitis 1.

2 cases contracted another infection whilst in Hospital :—

Measles 1 ; rubella 1.



The average stay in Hospital for all cases discharged well was 30·1 days, and for the 1 fatal case 14 days.

The following table indicates the period in Hospital of the 287 cases of Scarlet Fever uncomplicated with another disease who were discharged well in 1940 :—

Week of Discharge	Number of days in Hospital when Discharged.							Number of cases in each Day.							No. of Cases in each week.
Under fourth .....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	3
Fourth.....	22	23	24	25	26	27	28	3	2	2	3	10	12	43	75
Fifth.....	29	30	31	32	33	34	35	68	60	20	20	6	5	8	187
Sixth.....	36	37	38	39	40	41	42	3	3	....	3	2	..	1	12
Seventh.....	43	44	45	46	47	48	49	1	....	....	1	....	1	1	4
Eighth.....	50	51	52	53	54	55	56	1	....	....	....	1	....	....	2
Ninth.....	57	58	59	60	61	62	63	1	....	1	1	....	....	....	3
Tenth.....	64	65	66	67	68	69	70	....	....	....	....	....	....	....	0
Over Tenth.....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1
Total Number of Cases .....															287

RETURN CASES.—Information about these is usually obtainable from Salford only. 2 such cases were reported.

Diphtheria.

540 cases were admitted certified as diphtheria, but in 103 cases the diagnosis had to be revised ; in addition, 3 other diseases proved to be diphtheria. In a number (33) of the most severe cases part of the antitoxin was administered intravenously.

There were 16 deaths from this disease.

TYPES OF THE DISEASE.

Of the discharged cases 316 were faucial, 5 laryngeal, 3 nasal, 3 faucial and laryngeal and 3 faucial and nasal. There were also 66 cases of bacteriological diphtheria.

Faucial Diphtheria.

In 325 cases, including 9 fatal ones, the throat was affected.

MILD.—113 cases were mild, the deposit on the throat being localised to the tonsils with little or no toxæmia. The average amount of serum given was 9,752 units. 7 cases had antitoxin before admission.

COMPLICATIONS AND SEQUELAE.—Anæmia (following rheumatism) 1 ; double otorrhœa 1 ; otorrhœa, sinusitis 1.

MODERATE.—In 100 cases the membrane was more extensive, and was accompanied by toxæmia.

The average amount of serum given was 29,958 units. 5 cases received antitoxin before admission.

COMPLICATIONS AND SEQUELAE.—Otorrhœa 7 ; palatal paralysis, paralysis of lower limbs 1 ; scabies 1.

SEVERE.—112 cases, including 9 fatal ones, were of the severe type. The average amount of serum given to the 103 cases discharged was 59,700 units, and for the 9 fatal cases 68,420 units. 11 of the discharged cases and 4 of the fatal cases received antitoxin before admission to Hospital.

COMPLICATIONS AND SEQUELAE.—Cylcoplegia 1 ; fractured femur and tibia (O.A.) 1 ; hyperpiesis 1 ; myocarditis 1 ; otitis media 9 ; palatal paralysis 8 ; strabismus 1 ; palatal and pharyngeal paralysis 2 ; T.B. glands, neck (O.A.) 1.

COMPLICATIONS OF FATAL CASES.—Circulatory paralysis 1 ; palatal, pharyngeal and diaphragmatic paralysis 2.

### **Laryngeal Diphtheria.**

In 10 cases the larynx was involved, 5 recovered and 5 proved fatal.

MILD.—In 2 cases the laryngeal obstruction was slight. The average amount of serum given being 17,120 units. No complications.

MODERATE.—In two cases the laryngeal obstruction was moderately severe. The average amount of serum given being 29,412 units. No complications.

SEVERE.—Six cases, including 5 fatal ones, were of severe type, the average amount of serum given was 38,000 units. Tracheotomy was performed in 2 of the fatal cases.

### **Faucial and Laryngeal Diphtheria.**

In 3 cases the fauces and larynx were involved.

MODERATE.—The amount of serum given to the 1 moderate case was 32,000 units.

SEVERE.—The 2 severe cases which proved fatal received an average of 64,000 units, and in 1 case tracheotomy was performed.

Nasal Diphtheria.

There were 3 cases of this type.

MILD.—The average amount of serum given to the 2 cases was 14,000 units.  
Complications :—Tuberculosis (hip) 1.

MODERATE.—The 1 moderate case received 20,000 units of antitoxin.  
Complications :—Palatal and pharyngeal paralysis 1.

Faucial and Nasal Diphtheria.

MILD.—The average amount of serum given to the 2 mild cases was 24,000 units.

SEVERE.—The 1 severe case received 120,000 units of antitoxin.

The following table summarises the sites of membrane in the total clinical cases discharged or died :—

Sites of Membrane.	Mild.		Moderate.		Severe.		Total.	
	Recovered	Died	Recovered	Died	Recovered	Died	Recovered	Died
Faucial.....	113	....	100	....	103	9	316	9
Laryngeal.....	2	....	2	....	1	5	5	5
Faucial and Laryngeal.....	....	....	2	....	1	2	3	2
Nasal.....	2	....	1	....	....	....	3	....
Faucial and Nasal ....	2	....	....	....	1	....	3	....
Totals.....	119	....	105	....	106	16	330	16

DIPHTherITIC PARALYSIS.—16 or 4·87 per cent. of the clinical cases discharged had paralysis in one form or another whilst in Hospital.

COMPLIcATIONS.—46 or 13·3 per cent. of the recovered cases developed one or more complications. This figure does not include serum rashes,

TRACHEOTOMY was performed in 4 cases ; recovery followed in 1 but 3 ended fatally.

FATALITY RATE.—16 or 4·62 per cent. of the clinical cases discharged proved fatal.

ANTITOXIN.—25 or 7·57 per cent. of the cases discharged, and 3 of the fatal cases, had antitoxin before admission to Hospital. The average amount of serum given to cases in Hospital who recovered was 32,482 units, and 74,290 to the fatal cases. In addition 33 cases, including 10 fatal ones, had part of the serum injected intravenously.

CROSS-INFECTION.—3 patients contracted another infection whilst in Hospital :—Scarlet fever 1 ; measles 1 ; rubella 1.

AVERAGE STAY.—The average stay in Hospital for all cases discharged well was 43·6 days and for the fatal cases 7·0 days.

### Enteric Fever.

16 cases were certified as having enteric fever, but 1 case proved to be influenza, 1 gastro-enteritis, 2 malaria, and 1 food poisoning. In addition, 1 case admitted as influenza and 1 as cerebro-spinal meningitis proved to be paratyphoid B. Nearly all received injections of Felix's Vi-serum in repeated doses of 33 c.c. This treatment undoubtedly improved the patients' condition, diminished the toxæmia, and on the whole appeared to shorten the illness.

There were no fatal cases. The average stay in Hospital for all cases discharged well was 52 days.

COMPLICATIONS.—Relapse and hæmorrhage 1.

### Puerperal Fever.

22 cases were admitted, but in four cases the diagnosis was revised to : septic abortion 1 ; incomplete abortion 1 ; pneumonia 1. There were no deaths from this disease.

The 17 discharged cases were classified as : puerperal sepsis 14 ; puerperal fever 3.

The average stay in Hospital was 22·0 days.



COMPLICATIONS.—Abscess (breast) and otitis media 1; phlegmasia alba dolens 1; salpingo-oophoritis 1.

There were 15 babies admitted with their mothers.

### **Erysipelas.**

48 cases were admitted, but in 11 the diagnosis had to be revised. The 1 fatal case was a man of 52; complications: cavernous sinus thrombosis, in Hospital 2 days.

The average stay in Hospital for the discharged cases was 17 days.

COMPLICATIONS OF THE DISCHARGED CASES.—Abscess (axillæ) incised 1; adenitis 1; bronchitis 1; chronic eczema 1; otitis media 2; relapse 1; tonsillitis 1.

### **Whooping Cough.**

42 cases were certified as whooping cough and 40 of these were confirmed, in addition 6 other patients had whooping cough in association with another disease. 4 cases proved fatal: 1 two months old; 1 six months old; and 2 were two years old.

**Staff.**

On 31st December, 1940, the resident staff of the Sanatorium and Isolation Hospital consisted of the following :—

Medical Superintendent .....	1
Assistant Medical Officers .....	1
City Bacteriologist .....	1
Matron .....	1
Assistant Matron and Home Sister .....	1
Sister Tutor .....	1
Stores and Kitchen Superintendent .....	1
Night Sister .....	1
Ward Sisters.....	9
Staff Nurses .....	12
Assistant Staff Nurses .....	12
Probationer Nurses .....	25
Cook .....	1
Assistant Cook.....	Vacant.
Domestics .....	22
Laundress .....	1
Lodge Porters .....	2
<hr/>	
Total Resident Staff.....	92
<hr/>	

**THE NON-RESIDENT STAFF :—**

Visiting Aural Surgeon .....	1
Tuberculosis Officers.....	2
Clerk.....	1
Junior Clerks .....	1
Engineer .....	1
Plumber.....	1
Joiner.....	1
Firemen .....	3
Gardener .....	1
Assistant Gardener .....	1
Night Porter (Lodge).....	1
General Porters .....	9
Seamstresses .....	2
Cleaners .....	8
<hr/>	
Total Non-Resident Staff .....	34
<hr/>	

**HEALTH OF STAFF.**—The following were the illnesses :—Abscesses and boils 3 ; appendicitis 1 ; biliousness 1 ; burns and scalds 1 ; diphtheria 4 ; gastric ulcer 1 ; influenza 2 ; para-typhoid fever 1 ; phthisis 1 ; rheumatism 1 ; rubella 1 ; sore feet 1 ; tonsillectomy 1 ; scarlet fever 1 ; tonsillitis 11. The staff lost 835 days through sickness in 1940.

The staff, both nurses and maids, are tested on entering by the Schick and Dick Tests and if positive, immunised against diphtheria and scarlet fever.

Sixty were Schick tested and 17 were positive—these were inoculated with three doses of Toxoid-Antitoxin floccules at fortnightly intervals, and on re-test, 7 proved to be negative, the remaining 10 having left. Each member of the staff was inoculated against typhoid fever.

Forty-five were tested by the Dick test, 14 being positive, these were inoculated with 500, 2,000, 6,000, and 15,000 skin test doses of scarlatinal toxin, and on re-test 9 were negative and the other 5 had left.

WORK OF THE TRAINING SCHOOL.—During the year 7 nurses passed the Preliminary, and 1 Part II of this Examination; and 9 the Final State Examinations. The usual course of lectures was given by the Medical Staff and the Sister Tutor.

### Operating Theatre.

The number of operations in the theatre were 2 only, these required general anæsthesia; minor operations are not included; numerous incisions, aspirations, tracheotomies, etc., were done on the Wards, these mostly required local anæsthesia only. The operations in the Theatre were on a diphtheria (carrier) for tonsillectomy and adenoidectomy, and mastoid operation in a scarlet fever patient.

### New Cubical Block.

This new block contains 32 separate cubicles. The wards were first occupied—A 1 on 4th March and A 2 on 2nd April, and various diseases were admitted. 583 cases were admitted into the 2 wards, and the following table shows diagnosis of cases on admission and after observation in Hospital:—

Sent in as :—		Diagnosis after observation :—	
Scarlet Fever .....	99	Scarlet Fever.....	56
		Rubella .....	24
		Diphtheria .....	1
		Measles .....	2
		Chicken Pox .....	2
		Gastritis .....	1
		Septic Rash .....	3
		Rash (food) .....	1
		Influenza .....	2
		Scarlet Fever and Whooping Cough....	1
		Scarlet Fever and Diphtheria .....	1
		Scarlet Fever and Measles .....	2
		Erythema .....	3
Carried forward .....	99	Carried forward .....	99

Sent in as :—		Diagnosis after observation :—	
Brought forward .....		Brought forward.....	
Impetigo and Scabies .....	1	Impetigo .....	1
Diphtheria and Scarlet Fever .....	2	Scarlet Fever.....	2
Measles and Whooping Cough .....	7	Measles .....	7
Measles and Diphtheria .....	1	Diphtheria .....	1
Measles and Cerebro-spinal Fever .....	1	Cerebro-spinal Fever .....	1
Scarlet Fever and Chicken Pox .....	1	Chicken Pox .....	1
Measles.....	126	Measles .....	99
		Measles and Chicken Pox .....	13
		Septic Rash .....	3
		Drug Rash .....	1
		Measles and Impetigo .....	2
		Bronchitis.....	4
		Influenza .....	2
		Nephritis .....	1
		Acute Mastoiditis .....	1
Enteric Fever .. .....	16	Enteric Fever .....	10
		Food Poisoning .....	1
		Malaria .....	2
		Prostration and Shock .....	1
		Influenza .....	1
		Gastro-enteritis .....	1
Diphtheria .....	94	Diphtheria .....	60
		Tonsillitis .....	17
		Scarlet Fever.....	4
		Excoriations (nose) .....	1
		Aphthous Ulceration of Mouth.....	1
		Chicken Pox .....	1
		Diphtheria and Measles .....	2
		Diphtheria and Rubella .....	1
		Diphtheria and Scarlet Fever .....	1
		Observation .....	1
		Sore Throat .....	1
		Thrush .....	1
		Laryngitis.....	3
Erysipelas .....	38	Erysipelas.....	28
		Eczema .....	3
		Rash (leg) .....	1
		Eczematous Dermatitis .....	1
		Herpes Ophthalmicus .....	3
		Otitis Media (chronic) .....	1
		Adenitis .....	1
Puerperal Fever ... ..	24	Puerperal Fever .....	20
		Septic Abortion .....	2
		Incomplete Abortion .....	1
		Pneumonia .....	1
Whooping Cough .....	42	Whooping Cough .....	41
		Bronchitis.....	1
Rubella .....	51	Rubella .....	45
		Septic Rash .....	3
		Influenza .....	1
		Pneumonia .....	1
		Catarrhal Jaundice.....	1
Carried forward .....	503	Carried forward .....	503



Sent in as :—		Diagnosis after observation :—	
Brought forward ..... 503		Brought forward ..... 503	
Cerebro-spinal Fever .....	35	Cerebro-spinal Fever .....	25
		Pneumonia (acute lobar) .....	3
		Bruise (head) .....	1
		Tuberculous Meningitis .....	1
		Para-typhoid B. ....	1
		Tonsillitis .....	2
		Hyperpiesis .....	1
		Chronic Frontal Sinusitis .....	1
Chicken Pox .....	7	Chicken Pox .....	6
		Impetigo .....	1
Malaria .....	7	Malaria .....	7
Dysentery .....	2	Colitis .....	1
		Indigestion .....	1
Poliomyelitis .....	2	Constipation and Acidosis .....	1
		Rheumatism (acute) .....	1
Tonsillitis .....	2	Tonsillitis .....	2
Encephalitis .....	2	Cerebro-spinal Fever .....	1
		Tuberculous Meningitis .....	1
Mumps .....	1	Adenitis .....	1
Septic Abortion .....	1	Septic Abortion .....	1
Pemphigus .....	1	Pemphigus Neonatorum .....	1
Vincent's Angina .....	1	Vincent's Angina .....	1
Lobar Pneumonia .....	1	Coryza .....	1
Bronchitis .....	1	Measles .....	1
Hæmorrhage .....	1	Metrorrhagia .....	1
Measles and Meningitis .....	1	Cerebro-spinal Fever .....	1
With Mother .....	15	With Mother .....	15
	<hr/> 583 <hr/>		<hr/> 583 <hr/>

TABULATION OF CASES WHICH HAVE BEEN CLASSIFIED AS  
 " OTHER DISEASES " AFTER OBSERVATION.

Acute Mastoid.....	1	Jaundice (catarrhal).....	1
Aphthous Ulceration of Mouth....	1	Laryngitis.....	6
Anæmia .....	1	Laryngismus Stridulus .....	2
Adenitis .....	1	Malaria .....	14
Alveolar Abscess.....	1	Myalgia .....	1
Appendicitis .....	1	Myositis .....	1
Adenitis (following insect bite)....	1	Metrorrhagia .....	1
Bronchitis.....	7	Nephritis .....	1
Bruise (head).....	1	Observation .....	1
Bronchial Carcinoma .....	1	Otitis Media (suppurative, chronic)	1
Coryza.....	4	Pneumonia .....	7
Chicken Pox .....	13	Pneumonitis .....	1
Cerebro-spinal Fever .....	28	Pemphigus Neonatorum .....	2
Chronic Suppurative Pueumonitis	1	Prostration and Shock .....	1
Colitis .....	1	Peri-anal Abscess Incised .....	1
Chronic Frontal Sinusitis .....	1	Rubella .....	68
Constipation and Acidosis .....	1	Rash (food) .....	1
Chronic Ulcerative Colitis .....	1	Rash (leg) .....	1
Drug Rash .....	1	Rheumatism .....	1
Erythema .....	3	Sinusitis .....	1
Excoriations (nose) .....	1	Septic Abortion .....	3
Eczema (face) .....	3	Septic Rash .....	18
Eczematous Dermatitis (face) .....	1	Sore Throat .....	4
Erythema Nodosum.....	1	Tonsillitis .....	72
Food Poisoning .....	1	Tuberculous Meningitis .....	4
Flat Foot .....	1	Tuberculous Abscess (finger, gland)	1
Gastro-enteritis .....	2	Thrush .....	1
Hyperpiesis .....	1	Vincent's Angina .....	3
Herpes Ophthalmicus .....	3	Whooping Cough .....	41
Influenza .....	15	With Mother .....	15
Impetigo .....	1		---
Injury (right leg) .....	1		378
Incomplete Abortion .....	1		---
Ingrowing Toe-nail (removed) ....	1		

TABLE I.

STATEMENT OF THE NUMBER OF PATIENTS UNDER TREATMENT IN  
LADYWELL SANATORIUM AND ISOLATION HOSPITAL IN 1940.

	Males.		Females.		Totals.
	Under 5 years.	Over 5 years.	Under 5 years.	Over 5 years.	
1.—PATIENTS REMAINING IN HOSPITAL ON DECEMBER 31ST, 1939, AFFECTED WITH :					
Scarlet Fever.....	....	....	....	....	....
Mixed Infections.....	....	....	....	....	....
Measles.....	....	....	....	....	....
Enteric Fever.....	....	....	....	....	....
Diphtheria .....	....	....	....	....	....
Erysipelas.....	....	....	....	....	....
Puerperal Fever.....	....	....	....	....	....
Tuberculosis.....	....	27	....	18	45
Other Diseases.....	....	....	....	....	....
Totals.....	....	27	....	18	45
2.—ADMITTED DURING THE YEAR ENDED DECEMBER 31ST, 1940, AFFECTED WITH :					
Scarlet Fever.....	42	91	42	118	293
Mixed Infections.....	12	7	4	4	27
Measles.....	58	5	44	6	113
Enteric Fever.....	....	4	....	9	13
Diphtheria .....	60	155	61	164	440
Erysipelas.....	1	23	....	13	37
Puerperal Fever.....	....	....	....	18	18
Tuberculosis.....	1	155	....	128	284
Other Diseases.....	83	131	80	84	378
Totals.....	257	571	231	544	1603
Totals under treatment, 1940.....	257	598	231	562	1648
3.—OF THE ABOVE THERE WERE DISCHARGED RECOVERED FROM :					
Scarlet Fever.....	39	90	42	118	289
Mixed Infections.....	9	6	4	4	23
Measles.....	54	4	40	3	101
Enteric Fever.....	....	4	....	8	12
Diphtheria .....	53	143	58	158	412
Erysipelas.....	1	22	....	11	34
Puerperal Fever.....	....	....	....	17	17
Tuberculosis.....	....	81	....	72	153
Other Diseases.....	70	127	67	74	338
Totals.....	226	477	211	465	1379

TABLE I.—continued.

STATEMENT OF NUMBER OF PATIENTS.—continued.

	Males.		Females.		Totals.
	Under 5 years.	Over 5 years.	Under 5 years.	Over 5 years.	
4.—DIED FROM :					
Scarlet Fever.....	....	1	....	....	1
Mixed Infections.....	1	....	....	....	1
Measles.....	1	....	2	....	3
Enteric Fever.....	....	....	....	....	....
Diphtheria .....	7	4	3	2	16
Erysipelas.....	....	1	....	....	1
Puerperal Fever.....	....	....	....	....	....
Tuberculosis.....	1	64	....	46	111
Other Diseases .....	8	4	2	5	19
Totals.....	18	74	7	53	152
5.—REMAINING IN HOSPITAL ON DECEMBER 31ST, 1940, AFFECTED WITH :					
Scarlet Fever.....	3	....	....	....	3
Mixed Infections.....	2	1	....	....	3
Measles.....	3	1	2	3	9
Enteric Fever.....	....	....	....	1	1
Diphtheria .....	....	8	....	4	12
Erysipelas.....	....	....	....	2	2
Puerperal Fever.....	....	....	....	1	1
Tuberculosis.....	....	37	....	28	65
Other Diseases.....	5	....	11	5	21
Totals.....	13	47	13	44	117



TABLE II.

MONTHLY STATEMENT OF PATIENTS FOR THE YEAR ENDED DECEMBER 31ST, 1940,  
TOGETHER WITH A COMPARISON WITH THE YEAR 1939, AND WITH THE MEAN,  
OF THE FIVE (5) AND FIFTY-SEVEN (57) YEARS ENDED DECEMBER 31ST, 1939.

Month.	Admissions, 1940.	Admissions, 1939.	Mean of Admissions, 5 years, 1935-1939.	Mean of Admissions, 57 years, 1883-1939.	Daily Average No. of Patients in Hospital, 1940.	Daily Average No. of Patients in Hospital, 1939.	Mean of Daily Average No. of Patients in Hospital, 5 years, 1935-1939.	Mean of Daily Average No. of Patients in Hospital, 57 years, 1883-1939.
January.....	41	161	220.8	131.7	50.0	243.7	270.8	162.5
February.....	29	146	196.0	111.3	48.3	235.0	278.3	157.0
March.....	150	162	199.8	118.1	98.3	230.8	265.8	193.0
April.....	151	137	172.4	109.4	165.0	223.3	250.1	141.8
May.....	124	129	150.6	111.9	169.0	212.1	220.8	136.6
June.....	126	125	147.2	108.9	163.8	179.2	200.1	131.0
July.....	140	142	155.4	114.6	174.6	186.5	206.2	138.3
August.....	129	131	143.2	114.9	164.0	176.0	205.3	139.6
September.....	179	8	142.6	134.9	191.2	25.9	189.5	151.3
October.....	177	16	152.8	158.6	215.1	27.4	199.6	136.7
November.....	190	23	166.2	148.4	218.8	35.1	219.5	184.2
December.....	167	21	173.0	131.6	206.5	44.7	209.7	172.5
Totals.....	1603	1201	....	....	....	....	....	....
M'thly Averages	133.5	100	168.4	130.3	155.4	151.6	226.3	153.7

TABLE III.

SHOWING THE NUMBER OF ADMISSIONS OF THE PRINCIPAL INFECTIOUS DISEASES FOR THE YEAR ENDED DECEMBER 31ST, 1940 ; ALSO A COMPARISON WITH THE YEAR 1939, AND WITH THE MEAN OF THE FIVE YEARS AND FIFTY-SEVEN YEARS ENDED DECEMBER 31ST, 1939.

Month.	Scarlet Fever.	Mixed Infections.	Measles.	Enteric Fever.	Typhus Fever.	Diphtheria.	Erysipelas.	Puerperal Fever.	Smallpox.	Tuberculosis.	Other Diseases.	Totals.
January.....	....	....	....	....	....	....	....	....	....	41	....	41
February.....	....	....	....	....	....	....	....	....	....	28	1	29
March.....	14	1	3	1	....	54	2	2	....	22	51	150
April.....	22	2	1	....	....	50	5	1	....	28	42	151
May.....	18	2	1	1	....	39	4	1	....	25	33	124
June.....	19	4	2	....	....	46	4	2	....	19	30	126
July.....	27	1	18	2	....	31	3	3	....	15	40	140
August.....	26	2	17	4	....	25	5	2	....	23	25	129
September.....	51	5	14	3	....	51	3	1	....	25	26	179
October.....	47	4	18	1	....	44	1	2	....	15	45	177
November.....	41	3	24	1	....	52	6	1	....	25	37	190
December.....	28	3	15	....	....	48	4	3	....	18	48	167
Totals, 1940.....	293	27	113	13	....	440	37	18	....	284	378	1603
Totals, 1939.....	241	15	1	6	....	426	34	11	....	254	213	1201
Increase, 1940..	52	12	112	7	....	14	3	7	....	30	165	402
Decrease, 1940..	....	....	....	....	....	....	....	....	....	....	....	....
Mean of 5 years 1935-1939.....	512.6	29	110.8	17	....	606.8	69.4	21	....	267.6	386	2020.2
Mean of 57 years— 1883-1939.....	764.0	9.5	17.8	96.6	3.7	287.0	38.5	12.7	10	87.0	161.6	1489.1

TABLE IV.  
ANNUAL STATEMENT.

Disease.	No. of Cases Remaining on Dec. 31st, 1939.	No. of Cases Admitted. 1940.	No. of Cases Treated. 1940.	No. of Cases Discharged. 1940.	No. of Deaths. 1940.	No. of Cases Remaining on Dec. 31st, 1940.
Scarlet Fever.....	....	293	293	289	1	3
Mixed Infections.	....	27	27	23	1	3
Measles .....	....	113	113	101	3	9
Enteric Fever ....	....	13	13	12	....	1
Diphtheria.....	....	440	440	412	16	12
Erysipelas.....	....	37	37	34	1	2
Puerperal Fever	....	18	18	17	....	1
Tuberculosis.....	45	284	329	153	111	65
Other Diseases....	....	378	378	338	19	21
Totals .....	45	*1603	†1648	1379	152	‡117
Corresponding figures, 1939		1201	1446	1295	106	45
Average, five years 1934-38		2288.2	2552.0	2129.2	166.2	256.4

CASES FROM "OUT-DISTRICTS."

1940 .....	*461	†461	‡8
1939 .....	278	363	Nil.



TABLE V.—DISEASES ADMITTED.

SENT S		HOSPITAL DIAGNOSIS.																																				
		Total sent in.	Scarlet Fever.	Mixed Infections.	Measles.	Enteric Fever.	Diphtheria.	Erysipelas.	Puerperal Fever.	Tuberculosis.	Acute Mastoid.	Aphthons Ulceration of Mouth.	Anæmia.	Adenitis.	Alvcolar Abscess.	Appendicitis.	Adenitis (following insect bite).	Bronchitis.	Bruise (head).	Bronchial Carcinoma.	Coryza.	Chicken Pox.	Cerebro-spinal Fever.	Chronic Suppurative Pneumonitis.	Colitis.	Chronic Frontal Sinusitis.	Constipation and Acidosis.	Chronic Ulcerative Colitis.	Drug Rash.	Erythema.	Excoriations (nose).	Eczema (face).	Ecematous Dermatitis (face).	Erythema Nodosum.	Food Poisoning.	Flat Foot.		
Fever...		343	285	9	5	...	2	...	...	...	...	...	...	1	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	
ctions		16	3	1	5	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
.....		126	...	3	99	...	...	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	
Fever...		16	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
ria .....		540	5	13	...	...	437	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
as .....		48	...	1	...	...	...	37	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	...	...	
al Fever		22	...	...	...	...	...	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
losis ....		289	...	...	...	...	...	...	284	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Diseases		203	...	...	4	2	...	...	...	...	...	1	1	...	...	...	...	3	1	...	3	8	27	...	...	1	1	1	...	...	...	...	...	...	...	1	...	1
al ....		1603	293	27	113	13	440	37	18	284	1	1	1	1	1	1	1	7	1	1	4	13	28	1	1	1	1	1	1	1	3	1	3	1	1	1	1	1

SENT AS		HOSPITAL DIAGNOSIS																																					
		Gastro-enteritis.	Hyperpiesis.	Herpes Ophthalmicus.	Influenza.	Impetigo.	Injury (right leg).	Incomplete Abortion.	Ingrowing Toe Nail (removal).	Jaundice (catarrhal).	Laryngitis.	Laryngismus Stridulus.	Malaria.	Myalgia.	Myositis.	Metrorrhagia.	Nephritis.	Observation.	Otitis Media, Chronic Suppurative.	Pneumonia.	Pneumonitis.	Pemphigus Neonatorum.	Prostration and Shock.	Peri-anal Abscess (incised).	Rubella.	Rash (food).	Rash (leg).	Rheumatism.	Sinusitis.	Septic Abortion.	Septic Rash.	Sore Throat.	Tonsillitis.	Tuberculous Meningitis.	Tuberculous Abscess (finger and gland).	Thrush.	Vincent's Angina.	Whooping Cough.	With Mother.
Fever...		...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	20	1	...	...	...	...	3	...	4	...	...	...	...	...	...	...
fections		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
s .....		...	...	...	3	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...
c Fever...		1	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
eria .....		...	...	...	2	...	...	...	...	6	2	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	...	...	4	60	...	...	1	2	1	...	...	
elas .....		...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
eral Fever		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...
culosis ....		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
Diseases		1	1	...	4	1	1	...	1	1	...	12	1	1	1	...	...	...	5	...	2	1	1	45	...	...	1	...	1	1	...	8	2	...	...	1	40	15	
otal .....		2	1	3	15	1	1	1	1	6	2	14	1	1	1	1	1	1	7	1	2	1	1	68	1	1	1	1	3	18	4	72	4	1	1	3	41	15	



TABLE VI.

Sent in as " Other Diseases," viz. :—

After Observation :—

Bronchitis .....	1	Measles .....	1
Broncho-pneumonia.....	5	Bronchitis.....	1
		Measles .....	2
		Pneumonia .....	2
Cerebro-spinal Meningitis .....	36	Cerebro-spinal Meningitis .....	27
		Bruise (head).....	1
		Chronic Frontal Sinusitis .....	1
		Hyperpiesis .....	1
		Pneumonia (acute lobar).....	2
		Paratyphoid B. ....	1
		Tonsillitis .....	2
		Tuberculous Meningitis .....	1
Coryza .....	1	Coryza.....	1
Continued Fever .....	1	Influenza .....	1
Chicken Pox .....	8	Chicken Pox .....	7
		Impetigo .....	1
Dysentery .....	2	Colitis .....	1
		Gastro-enteritis .....	1
Encephalitis .....	2	Cerebro-spinal Meningitis .....	1
		Tuberculous Meningitis .....	1
Flat Foot .....	1	Flat Foot .....	1
Hæmorrhage .....	1	Metrorrhagia .....	1
Influenza .....	1	Paratyphoid B. ....	1
Lobar Pneumonia .....	1	Coryza.....	1
Malaria.....	13	Malaria .....	12
		Prostration and Shock .....	1
Mumps .....	1	Adenitis .....	1
Otorrhœa .....	1	Coryza.....	1
Pain in Chest .....	1	Myositis .....	1
Pemphigus.....	3	Pemphigus Neonatorum .....	2
		Chicken Pox .....	1
Peri-anal Abscess (incised) ....	1	Peri-anal Abscess (incised) .....	1
Pleurisy .....	1	Myalgia .....	1
Poliomyelitis .....	3	Acute Rheumatism .....	1
		Constipation and Acidosis .....	1
		Injury to Right Leg .....	1
Rheumatism .....	1	Erythema Nodosum.....	1
Rubella .....	51	Rubella .....	45
		Influenza .....	3
		Jaundice (catarrhal).....	1
		Pneumonia .....	1
		Septic Rash .....	1
Septic Toe.....	1	Ingrowing Toe Nail (removed) .....	1
Septic Abortion .....	1	Septic Abortion .....	1
Sore Throat .....	3	Tonsillitis .....	3
Tonsillitis.....	3	Tonsillitis .....	3
Vincent's Angina .....	1	Vincent's Angina .....	1
Whooping Cough .....	42	Whooping Cough .....	40
		Bronchitis.....	2
With Mother .....	16	With Mother .....	15
		Anæmia .....	1
	203		203

**Immunisation against Diphtheria.**

The following statistics relate to the work in connection with immunisation carried out in the Department during the whole of 1940.

## PERSONS COMPLETING THE COURSE DURING 1940.

	Number of Persons.
Maternity and Child Welfare Clinics and Centres	143
Various Schools .....	—
Ladywell Sanatorium—Patients .....	—
Staff .....	7
	—
	150
	—

## ATTENDANCES AT CLINICS AND SCHOOLS DURING 1940.

	Number of attendances.
Maternity and Child Welfare Clinics and Centres	1,110
Various Schools .....	—
	—
	1,110
	—

# Venereal Diseases Scheme.

## New Cases.

There was a slight decrease in the number of new cases during the year, as compared with 1939. The actual decrease was 67. As a large number of men between the ages of 20-35 are now serving with the forces a greater decrease would be expected. The number of new cases dealt with during the year under review was 1,702. Out of this number, 881 were found to be suffering from Venereal Diseases and the remaining 821 from conditions other than Venereal. In Table I new cases are tabulated since the opening of the Clinic.

**TABLE I.**

(New Cases).

Year.	V.D. Cases.	Non-V.D. Cases.	Total Cases.
1928 .....	880	340	1,220
1929 .....	1,261	704	1,965
1930 .....	1,233	1,067	2,300
1931 .....	1,125	1,071	2,196
1932 .....	1,055	1,063	2,118
1933 .....	1,079	999	2,078
1934 .....	1,062	909	1,971
1935 .....	976	904	1,880
1936 .....	1,020	941	1,961
1937 .....	937	931	1,868
1938 .....	1,015	946	1,961
1939 .....	908	861	1,769
1940 .....	881	821	1,702
<b>Total .....</b>	<b>13,432</b>	<b>11,557</b>	<b>24,989</b>

This Table embraces Items 3 and 4 of V.D. (R.) Forms for years shown.

In Table II venereal cases are further analysed under their disease headings and the percentage rates shown. It will be seen from this table that there has been an increase in the number of Syphilis and Chancroid cases. One explanation of this increase is that there has been a greater number of seamen attending the Clinic during the year.

**TABLE II.**  
(Venereal Patients Only).

Year.	DISEASE.				PERCENTAGE.			
	Sy.	G.	Ch.	N.V.	Sy.	G.	Ch.	N.V.
1928 .....	266	599	15	340	21·8	49·0	1·00	28·2
1929 .....	439	743	20	701	23·0	39·0	1·00	37·0
1930 .....	437	776	20	1,067	19·0	33·7	0·80	46·5
1931 .....	424	699	2	1,071	19·3	31·8	0·09	48·8
1932 .....	413	639	3	1,063	19·4	30·1	0·10	50·4
1933 .....	338	722	19	999	21·1	34·7	0·90	52·3
1934 .....	262	721	79	909	13·2	36·5	4·00	46·3
1935 .....	259	678	39	904	13·8	36·0	2·10	48·1
1936 .....	283	673	64	941	14·4	34·4	3·30	47·9
1937 .....	238	660	39	931	12·7	35·3	2·10	49·9
1938 .....	209	733	73	946	10·7	37·4	3·70	48·2
1939 .....	206	623	79	861	11·6	35·2	4·50	48·7
1940 .....	209	560	112	821	12·3	32·9	6·61	48·2
Total .....	3,983	8,826	564	11,554	16·0	35·4	2·3	46·3

This Table embraces Items 3 and 4 of V.D. (R.) Forms for years shown.

### Sex Incidence.

There were 707 male and 174 female patients suffering from venereal diseases during the year. Compared with 1939 there is an increase in the female sex. The ratio between the sexes is 4 to 1, that is to say, for every woman suffering from venereal disease there are four men with the same condition. The annual incidence of new venereal cases classified according to sex during the past thirteen years is shown in Table III.



TABLE III—(Sex Incidence).

Year.	Males.	Females.	Percentage	
			Males.	Females.
1928.....	761	119	86·5	13·5
1929.....	1,080	181	85·7	14·3
1930.....	1,002	231	81·3	18·7
1931.....	920	205	81·8	18·2
1932.....	810	245	76·8	23·2
1933.....	822	257	76·2	23·8
1934.....	825	237	75·6	24·4
1935.....	741	235	75·9	24·1
1936.....	790	230	77·5	22·5
1937.....	743	194	79·3	20·7
1938.....	820	195	80·8	19·2
1939.....	742	166	81·7	18·3
1940 .....	707	174	80·3	19·7
Total .....	10,763	2,669	80·1	19·9

This Table embraces Items 3 and 4 of V.D. (R.) Forms for years shown.

Fresh Infections.

A “ Fresh Infection ” is defined as one in which the disease is less than twelve months old, and an “ Old Infection ” is one where the disease has been in existence for more than a year.

The figures in Table IV and V represent a satisfactory state of affairs. Thus, of 8,988 new male venereal cases during the past twelve years 7,975 were infections of less than twelve months duration. Of 2,391 new female venereal cases 1,856 were infections of no longer duration than one year.

TABLE IV—(Males).

Year.	FRESH INFECTIONS.				OLD INFECTIONS.			
	Sy.	Gon.	Ch.	Total.	Sy.	Gon.	Ch.	Total.
1929.....	32	639	20	691	23	18	—	41
1930.....	192	575	20	787	134	81	—	215
1931.....	148	564	2	714	96	21	—	117
1932.....	201	466	3	670	107	11	—	118
1933.....	97	511	19	627	106	19	—	125
1934.....	86	489	77	652	72	15	—	87
1935.....	94	490	38	622	50	13	—	63
1936.....	122	474	60	656	67	3	—	70
1937.....	90	493	37	620	54	2	—	56
1938.....	82	548	71	701	47	7	—	54
1939.....	82	478	79	639	33	4	—	37
1940.....	76	412	106	594	32	—	—	32
Total ....	1,302	6,139	532	7,973	821	194	—	1,015

The corresponding figures for female cases will be found in Table V.

**TABLE V—(Females).**

Year.	FRESH INFECTIONS.				OLD INFECTIONS.			
	Sy.	Gon.	Ch.	Total.	Sy.	Gon.	Ch.	Total.
1929.....	74	86	—	160	21	—	—	21
1930.....	53	99	—	152	58	21	—	79
1931.....	51	74	—	125	52	9	—	61
1932.....	39	103	—	142	61	15	—	76
1933.....	38	144	—	182	40	14	—	54
1934.....	23	145	—	168	33	20	—	53
1935.....	25	136	—	161	33	13	—	46
1936.....	37	158	—	195	22	5	—	27
1937.....	21	129	—	150	30	3	—	33
1938.....	11	143	1	155	30	—	—	30
1939.....	15	113	—	128	22	3	—	25
1940.....	23	115	—	138	26	4	—	30
Total ....	410	1,445	1	1,856	428	107	—	535

These figures do not include cases shown in Items 2 and 4 of Forms V.D. (R.) or Congenital Cases of Syphilis.

**Attendances.**

The total number of attendances since the Clinic opened is 1,083,980. The average annual number of total attendances during the past thirteen years is 83,383. It will be observed that the intermediate attendances are almost equal to the medical officers attendances. In the pre-sulphonamide days this state of affairs would have caused anxiety. The advent of chemotherapy has reduced the period under treatment for gonorrhœa cases from three months to three weeks, or even less. In addition, the black-out period, severe weather conditions and transport difficulties have kept many patients away and caused others to become irregular in their attendance for treatment.

**TABLE VI—(Attendances).**

Year.	Intermediate.	Medical Officer.	Total Attendances.
1928 .....	26,155	9,348	35,503
1929 .....	44,443	26,163	70,606
1930 .....	53,958	38,996	92,954
1931 .....	60,216	40,706	100,922
1932 .....	58,981	42,485	101,466
1933 .....	55,700	39,028	94,728
1934 .....	59,739	36,767	96,506
1935 .....	55,321	34,656	89,977
1936 .....	60,267	37,530	97,797
1937 .....	56,669	36,593	93,262
1938 .....	51,699	36,462	88,161
1939 .....	40,134	30,383	70,517
1940 .....	25,932	25,649	51,581
Total .....	649,214	434,766	1,083,980

TABLE VII.  
Defaulters.

Year.	Number of Persons Attending in each year.		Dangerous Defaulters.						Other Defaulters.						Total Defaulters.	
			Male.			Female.			Male.			Female.				
	Male.	Female.	Total.	No.	Percent- age.	No.	Percent- age.	No.	Percent- age.	No.	Percent- age.	No.	Percent- age.			
1931 .....	2,689	679	3,368	100	3.72	34	4.88	216	8.03	72	10.33	422	12.53			
1932 .....	2,771	725	3,496	104	3.75	28	3.86	193	6.97	83	11.45	408	11.67			
1933 .....	2,824	735	3,559	92	3.26	54	7.34	224	7.93	81	11.02	451	12.67			
1934 .....	2,703	794	3,497	84	3.11	64	8.06	221	8.17	82	10.33	451	12.89			
1935 .....	2,555	804	3,359	61	2.39	58	7.22	186	7.28	75	9.32	380	11.31			
1936 .....	2,475	787	3,262	57	2.30	51	6.48	167	6.75	98	12.46	373	11.43			
1937 .....	2,576	737	3,313	66	2.56	47	6.37	182	7.06	77	10.45	372	11.23			
1938 .....	2,605	696	3,301	52	1.99	44	6.32	208	7.98	61	8.74	365	11.08			
1939 .....	2,414	676	3,090	33	1.37	52	7.69	227	9.40	91	13.46	403	13.04			
1940 .....	2,220	630	2,850	60	2.70	48	7.62	113	5.10	76	12.06	297	10.04			
Total ....	25,832	7,263	33,095	709	2.74	480	6.61	1,937	7.50	796	10.96	3,922	11.55			



### Defaulting.

All patients suffering from venereal diseases do not, as a rule, complete their treatment. A certain number of these default. In the year under review 297 (10·04 per cent.) defaulted. The majority of these were undergoing tests for cure or were non-infectious. A small number (108 patients) ceased attending during the infectious stage of the disease. The dangerous defaulter rates at this Clinic are—females 7·62 per cent. and males 2·7 per cent.

In Table VII an analysis of defaulters for the past ten years is set out.

### Syphilis.

There were 164 new cases of Syphilis who attended for the first time and had not been diagnosed at other Treatment Centres. More than half of this number were cases of acute-infectious Syphilis. It is important to observe that the Sero-negative Primary Stage heads the list in the male sex, and that Late-secondary heads that of the female sex. Another significant point is that there is a steady increase in the incidence of Acute Syphilis in both sexes. This increase is particularly noticeable in the female sex, when compared with the year 1939. This is the first year since the Clinic opened in which the number of fresh acute Syphilis cases has exceeded the number of new chronic cases.

It will be seen in Table VIII that there were 92 new syphilitic cases in the acute stage and 72 in the chronic stage. The increase in the males is not so noticeable as the majority of the men between the ages of 18-35 are with the forces.

Table VIII, in which new cases are tabulated according to the stage of the disease, points out that there is a tendency to the increase of Syphilis in the population.

**TABLE VIII.**  
(Degrees of Syphilis, 1939 and 1940).

Stage.	Degree.	1939			1940		
		Male.	Fe- male.	Total.	Male.	Fe- male.	Total.
ACUTE.	I. Sero-neg. primary .....	20	1	21	31	3	34
	II. Sero-pos. primary .....	28	5	33	24	6	30
	III. Early secondary .....	9	2	11	9	5	14
	IV. Late secondary .....	11	6	17	5	9	14
	Total Acute Stage .....	68	14	82	69	23	92
CHRONIC.	V. Endosyphilis .....	18	12	30	12	8	20
	VI. Tertiary and Visceral.	24	4	28	14	8	22
	VII. Neurosyphilis .....	5	7	12	13	10	23
	VIII. Congenital syphilis ....	6	10	16	5	2	7
	Total Chronic Stage ....	53	33	86	44	28	72
GRAND TOTAL .....		121	47	168	113	51	164

This Table embraces Item No. 3 of Forms V.D. (R.).



## Congenital Syphilis.

In Table IX the cases of Congenital Syphilis are classified according to age and sex. During the past nine years there were 231 patients suffering from Congenital Syphilis. The highest number was recorded in 1931 and the lowest in 1940. Actually there were only seven patients suffering from Congenital Syphilis during the year under review. The reason for this is probably that many school children and pregnant mothers have been evacuated.

**TABLE IX.**  
**Cases of Congenital Syphilis from Item 3 of Forms V.D. (R) Classified in Age and Sex Groups.**

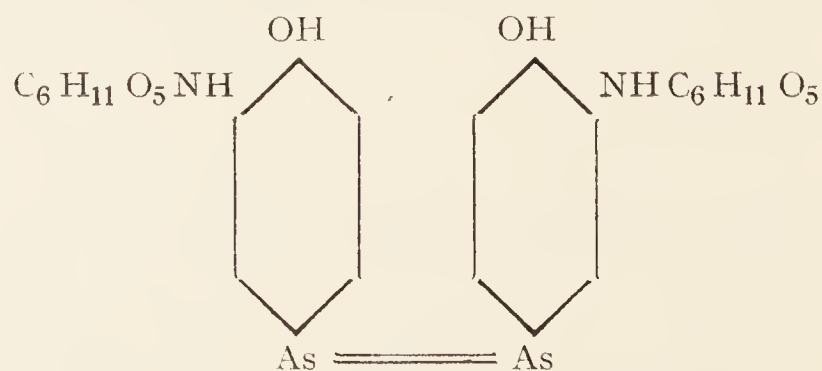
Year.	Under 1 year.		1 and under 5 years.		5 and under 15 years.		15 years and over.		Total.		Grand Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1931.....	2	3	1	2	15	7	9	6	27	18	45
1932.....	—	2	1	5	9	13	2	3	12	23	35
1933.....	2	1	1	—	5	9	3	6	11	16	27
1934.....	3	—	1	1	3	4	6	—	13	5	18
1935.....	4	2	2	4	5	8	4	11	15	25	40
1936.....	3	1	—	—	3	2	6	4	12	7	19
1937.....	3	2	1	—	—	3	3	1	7	6	13
1938.....	1	1	—	—	1	—	2	6	4	7	11
1939.....	4	4	—	1	1	2	1	3	6	10	16
1940.....	1	—	—	—	3	1	1	1	5	2	7
Total.....	23	16	7	13	45	49	37	41	112	119	231

## Treatment of Syphilis.

The remedial agents in routine use for the treatment of acute stages of Syphilis are—Arsphenamine Diglucoside (Stabilarsen-Boots) and Oil Soluble Bismuth (Stabismol-Boots). These are given alternately, without rest periods, until the efficiency index is found to be over seventy.

Stabilarsan is a compound consisting of one molecule of Arsphenamine base linked up with two molecules of Glucose. It is a preparation in solution issued in ampoules ready for use, and on this account it is very useful in a busy Clinic. Time is saved and the risk of contamination avoided as there is a minimum amount of manipulation.

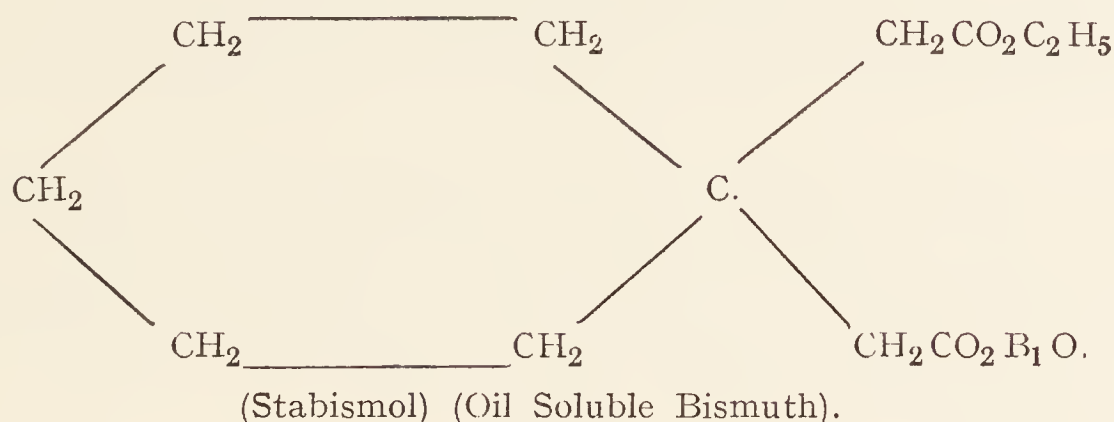
It has the following structural formula :—



Arsphenamine Diglucoside (Stabilarsan).

The Oil Soluble Bismuth (Stabismol) is a lipôid chemical preparation and its chemical structure is Basic Bismuth Cyclohexane—1 : 1 diacetic acid mono ethyl ester.

Its chemical structure is represented as follows :—



Stabismol is given in weekly doses of 1 to 2 c.c. Each c.c. contains 0.1 gramme of the element. The Routine Treatment for Acute Syphilis is set out in Table X.

**TABLE X.**  
**Routine Treatment for Acute Syphilis.**

PREPARATION AND DOSAGE.	TOTAL.	
	Grammes.	Grammes.
Stabilarsen, 0.45 grammes twice weekly, 8 weeks.....	7.20	—
Stabismol, 0.75 grammes ( $\frac{2}{3}$ c.c.) twice weekly, 8 weeks..	—	1.20
Stabilarsen, 0.45 grammes twice weekly, 8 weeks.....	7.20	—
Stabismol, 0.75 grammes ( $\frac{2}{3}$ c.c.) twice weekly, 8 weeks	—	1.20
Stabilarsen, 0.45 grammes twice weekly, 8 weeks.....	7.20	—
Stabismol, 0.75 grammes ( $\frac{2}{3}$ c.c.) twice weekly, 8 weeks..	—	1.20
Stabilarsen, 0.45 grammes twice weekly, 4 weeks.....	3.60	—
Total ..... 52 weeks.....	25.20	3.60

The agents in routine use for the treatment of Chronic Syphilis are Stabilarsan—Neo-Silver-Salvarsan—Tryparsamide—Orarsan and Bismuth Oxychloride. These remedies are prescribed according to the stage of the disease and the condition of the patient. Tryparsamide and Orarsan are pentavalent organic preparations and are given to cases suffering from Neuro-Syphilis. Tryparsamide is given intravenously 1-3 grammes weekly for eight weeks.

Orarsan (Acetarsol B.P.) is given orally in tablet form, the dose being 0.25 grammes daily for eight weeks. This preparation is useful in Congenital Syphilis, and the dose has to be reduced according to the age of the patient. It is usually given half hour before breakfast.

In addition to the above preparations, Collosol Iodine 0.8 per cent. is used as an adjuvant. It is given intravenously in 5 c.c. doses twice weekly for four weeks.

The treatment of patients suffering from the acute stages of the disease does not present difficulties, and satisfactory results are obtained in the majority of cases. Patients suffering from acute stages of Syphilis who fail to reach the efficiency index of 70 usually fall into one of the following groups :—

1. Those developing Jaundice and Dermatitis.
2. Irregular attenders.
3. Defaulters.

### Gonorrhoea.

In the year 1940 there were 527 fresh cases of Gonorrhœa, 412 male and 115 female patients. Compared with 1939 there is a decrease of 66 male and an increase of 2 female patients. The average number of male and female patients suffering from Gonorrhœa in both stages—fresh and old infections—during the past thirteen years has been 607 per annum. It will be observed from Table II that there is a slight improvement in the incidence of Gonorrhœa in the community served by the Salford V.D. Centre. Whether this is due to the new treatment or to the fact that many young men are now with the forces it is difficult to answer at present.

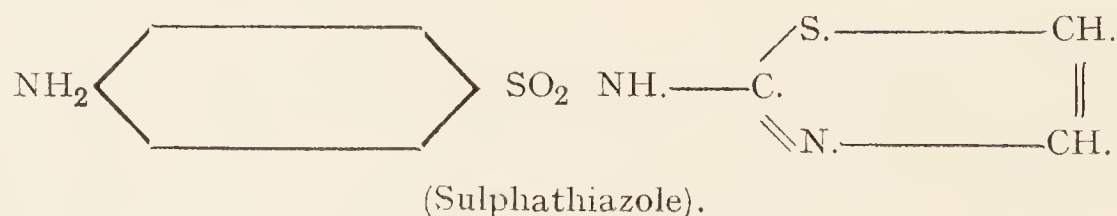
### Treatment of Gonorrhoea.

The treatment of Gonorrhœa has been revolutionised during the past three years by the introduction of Sulphonamide preparations. These preparations produce the remarkable effects of shortening the acute stage of infection, preventing complications and achieving a high cure rate. There is no doubt that drugs of the Sulphonamide group constitute an important advance in the treatment of this prevalent disease.

The principal drugs in use for the treatment of Gonorrhœa are Sulphathiazole, Sulphapyridine and Aminobenzene Sulphonacetamide (Albucid). There are two newcomers in the therapeutic field, namely, Acetyl-Sulphapyridine and Acetyl-Sulphathiazole.

These two drugs are undergoing a careful clinical trial at present.

As far as clinical experience goes Sulphathiazole holds the field at present. It has the following formula :—





It is issued in tablet form, each containing 0.50 gramme of Sulphathiazole, the dose being two tablets four times daily for five days. The total amount given is 20 grammes in five days. If necessary this can be repeated after one week's rest. Local therapy with irrigations is an essential addition to chemotherapy in the treatment of Gonorrhœa. This method has been amply proved in this Clinic, in spite of some authors who have advocated chemotherapy without irrigations.

As a general rule it is found that 90 per cent. of male patients are cured with Sulphonamide drugs within two weeks. About 10 per cent. of them relapse. In order to aim at a 100 per cent. cure rate the routine courses of treatment indicated in Tables XI and XII were introduced two years ago, with extremely good results.

TABLE XI.

Acute Anterior Gonococcal Urethritis in the Male.  
Routine Treatment.

Week.	Irrigations.	Chemotherapy.	Additional Treatment.	Remarks.
1	Pot. Permang. 1 in 10,000.	Sulphathiazole or Sulphapyridine.	—	Wass. & Khan Tests.
2	Pot. Permang. 1 in 5,000.	—	—	—
3	Hyd.Oxycyanid. 1 in 10,000.	—	M.O.S. twice weekly.	—
4	Hyd.Oxycyanid. 1 in 5,000.	—	M.O.S. twice weekly.	—
<u>TESTS FOR CURE.</u>				
5	Urines and urethral smears daily. Alcohol advised.			
6	Aolan intradermally. Urethral and prostatic smears.			
7	Urethroscopic examination.			
8	Aolan intradermally. Urethral and prostatic smears.			
9	Silver Nitrate (1 per cent.) into urethra.			
10	} Rest. No treatment.			
11				
12	Gon. Complement Fixation Test. Wasserman and Khan Tests.			



TABLE XII.

Posterior Gonococcal Urethritis in the Male.  
Routine Treatment.

Week.	Irrigations.	Chemotherapy.	Additional Treatment.	Remarks.
1	Pot. Permang. 1 in 20,000.	Sulphathiazole or Sulphapyridine.	—	Wass. & Khan Tests.
2	Pot. Permang. 1 in 10,000.	—	—	—
3	Hyd.Oxycyanid. 1 in 10,000.	—	Prostatic massage.	—
4	Hyd.Oxycyanid. 1 in 5,000.	—	Prostatic massage.	—

TESTS FOR CURE.

5	} As for Acute Anterior Gonococcal Urethritis.	
6		
7		
8		
9		
10		
11		
12		

### **Gonorrhoea in Women.**

There were 115 fresh infections of Gonorrhœa in the female sex during the year. The majority of these patients came to the Clinic because their sexual partners were attending the Male Department for the treatment of Gonorrhœa. Few came of their own accord. As a rule the diagnosis of Gonorrhœa in the female is more complex than that in the male.

### **Treatment of Gonorrhoea in the Female.**

The treatment of Gonorrhœa in a woman takes about four weeks. This is a great advance, as by the older methods it took four months or longer to cure a woman suffering from this disease. The following method is adopted :—

- (1) Daily bladder irrigations with Potassium Permanganate 1 in 10,000 at 100 F., followed by a vaginal douche of the same solution, using two pints of solution for each procedure.
- (2) Daily swabbing and cleaning of the cervix—after douching—with solution of Acid Boric 4 per cent. and solution of Liquor Potassæ 20 per cent. ; drying cervix and vagina with cotton wool and painting the cervix with Silver Nucleinate 5 per cent., then inserting a tampon soaked in 5 per cent. Silver Nucleinate.

The above local treatment is carried out for four weeks. In addition the patient is given Sulphathiazole, two tablets four times a day, for five days. In the place of Sulphathiazole, Albucid may be given, the dosage being three tablets t.d.s. for six days and then two tablets t.d.s. on the seventh day.

At the end of four weeks treatment urethral and cervical smears are taken and the patient is placed on observation. During the observation period the following tests for cure are carried out.

### **Tests for Cure of Gonorrhoea in the Female.**

Smears from the urethra and cervix are taken monthly, after the menstrual period, for six months.

At the end of the third month of observation, Aolan is given and smears taken on three successive days.

At the end of the sixth month Aolan is repeated and Gonococcal Fixation Test carried out.

If all the above tests are negative the patient is considered cured.

### **Chancroid (Soft Sore).**

There were 106 patients suffering from Chancroid during 1940. This shows an increase of 27 cases during the year. This high number of Soft Sore infections is explained by the increased number of foreign seamen attending during the year.

All Soft Sores are searched for *Treponema Pallidum*, and blood tests are carried out in all cases. Whenever possible these patients are observed for three months in order to exclude Syphilis. Patients suffering from Soft Sore respond well to chemotherapy. Sulphapyridine seems to be the preparation of choice in these cases.

### **Preventive Treatment.**

The practice in the Salford V.D. Treatment Centre is to give preventive treatment to persons who have exposed themselves to infection, if they attend the Clinic within twenty-four hours after sexual exposure. The method adopted is as follows:—

The patient is examined clinically to make sure that he is not already suffering from venereal disease. In addition, a blood test is taken for Wassermann reaction and Gonococcal Complement Fixation Test to exclude Syphilis and Gonorrhœa in the past.

If there are no signs or symptoms of venereal disease the patient is given 12 grains of Orarson (Acetarsol B.P.) for three days—making a total dosage of 36 grains (2·4 grammes). Twelve grains of Orarson are taken by the mouth first thing each morning, half an hour before breakfast. In addition to this, the patient is ordered Potassium Permanganate (1 in 5,000) urethral irrigation daily for three days. Each urethral irrigation is followed by a urethral installation of Nucleinate of Silver 5 per cent.

At the end of three days the patient is again examined, and if found normal he is advised to return in three months time. He is then given a further examination and the blood test is repeated.

In the year 1940 there were 56 male patients who applied for this form of treatment.

### **In-Patient Accommodation.**

There are two wards at Hope Hospital, Pendleton, equipped for the cases in need of hospital treatment. The female ward (C. 2 X.) has been in use since 1931, and the male ward (E. 2 X.) since April, 1936. Each ward contains eight beds and there has been a great demand for these beds. The In-Patient Department is an essential part of the V.D. Centre.

Unfortunately, both V.D. Wards were put out of action by the enemy in December, 1940. The damage to the male ward was slight and soon repaired, but the female ward is unusable. There has been no provision for the hospital treatment of women and children suffering from venereal diseases for the past four months, and it is strongly recommended that this defect be remedied as soon as possible. At present female V.D. cases are scattered in different Medical, Surgical and Gynæcological Wards, where facilities for modern V.D. therapy are non-existent. It is also in the interest of other patients that V.D. cases should be segregated.

The V.D. Officer visits Hope Hospital twice weekly. A large number of patients in general wards are referred to him for examination and advice. He is also Acting Dermatologist to the Hospital. During the year 1940 there was an increase in the number of cases of skin disease, and at one time F. 3 Ward was full with members of the forces, the majority of whom were suffering from skin diseases.

### General.

During the year under review 20 Medical Practitioners attended for post-graduate instruction in venereal diseases. Thirteen qualified for the certificate according to the Ministry of Health Regulations.

The Annual Report to the Ministry of Health, Form V.D.(R) for the year 1940 is attached as an appendix to this Report.



## APPENDIX I.

RETURN RELATING TO ALL PERSONS WHO WERE TREATED AT THE TREATMENT CENTRE AT SALFORD DURING THE YEAR ENDED THE 31ST DECEMBER, 1940.

	Syphilis.		Soft Chancre.		Gonorrhœa.		Non-venereal or undiagnosed conditions.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals
1. Number of cases on 1st January under treatment or observation	320	141	21	—	257	108	231	44	829	293	1,122
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	12	4	—	—	10	—	—	—	22	4	26
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from—											
Syphilis, primary	55	9	—	—	—	—	—	—	55	9	64
„ secondary	14	14	—	—	—	—	—	—	14	14	28
„ latent in 1st year of infection*	7	—	—	—	—	—	—	—	7	—	7
„ all later stages	32	26	—	—	—	—	—	—	32	26	58
„ congenital	5	2	—	—	—	—	—	—	5	2	7
Soft Chancre	—	—	106	—	—	—	—	—	106	—	106
Gonorrhœa, 1st year of infection	—	—	—	—	412	115	—	—	412	115	527
Gonorrhœa, later	—	—	—	—	—	4	—	—	—	4	4
Non-venereal conditions	—	—	—	—	—	—	647	157	647	157	804
Conditions remaining undiagnosed at 31st December	—	—	—	—	—	—	—	—	—	—	—
4. Number of cases dealt with for the first time during the year under report known to have received treatment for the same infection, or to have been under observation at other Centres	41	4	6	—	29	—	15	2	91	6	97
TOTALS OF ITEMS 1, 2, 3 AND 4..	486	200	133	—	708	227	893	203	2,220	630	2,850
5. Number of cases discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal	24	6	77	—	268	46	721	166	1,090	218	1,308
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from :—											
Syphilis, primary	14	4	—	—	—	—	—	—	14	4	18
„ secondary	5	5	—	—	—	—	—	—	5	5	10
„ latent in 1st year of infection*	7	—	—	—	—	—	—	—	7	—	7
„ all later stages	27	26	—	—	—	—	—	—	27	26	53
„ congenital	2	9	—	—	—	—	—	—	2	9	11
Soft Chancre	—	—	11	—	—	—	—	—	11	—	11
Gonorrhœa, 1st year of infection	—	—	—	—	57	43	—	—	57	43	100
Gonorrhœa, later	—	—	—	—	—	3	—	—	—	3	3
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure	21	17	—	—	29	17	—	—	50	34	84
8. Number of cases transferred to other Centres or to institutions or to care of private practitioners	118	3	27	—	205	29	37	6	387	38	425
9. Number of cases remaining under treatment or observation on 31st December	268	130	18	—	149	89	135	31	570	250	820
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 (These totals should agree with those of Items 1, 2, 3 and 4)	486	200	133	—	708	227	893	203	2,220	630	2,850
10. Number of attendances :—											
(a) for individual attention of the medical officer(s)	9,674	4,094	669	—	5,478	1,804	3,389	541	19,210	6,439	25,649
(b) for intermediate treatment, e.g., irrigation, dressing	604	27	801	—	14,220	6,068	3,887	325	19,512	6,420	25,932
TOTAL ATTENDANCES	10,278	4,121	1,470	—	19,698	7,872	7,276	866	38,722	12,859	51,581

APPENDIX I.—Continued.

N RELATING TO ALL PERSONS WHO WERE TREATED AT THE TREATMENT CENTRE AT SALFORD DURING THE YEAR ENDED THE 31ST DECEMBER, 1940.

	Syphilis.		Soft Chancre.		Gonorrhœa.		Non-venereal or undiagnosed conditions.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.
Patients :—											
Total number of persons admitted for treatment during the year.....	21	16	11	—	18	14	13	8	63	38	101
Aggregate number of "in-patient days" of treatment given.....	871	672	196	—	399	346	179	158	1,645	1,178	2,821

	Under 1 year.		1 and under 5 years.		5 and under 15 years.		15 years and over.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Number of cases of congenital syphilis in Item 3 above classified according to age periods....	1	—	—	—	3	1	1	1	5	2

Pathological Work :— Number of specimens examined at, and by the medical officer of, the Treatment Centre .....	Microscopical		Others for diagnosis of Venereal Disease at the Approved Laboratory.		
	for Syphilis	for Gonorrhœa	Wasser- mann	Kahn	G.C.F.T.
	298	4,999	2,644	2,644	1,207

STATEMENT SHOWING THE SERVICES RENDERED AT THE TREATMENT CENTRE DURING THE YEAR, CLASSIFIED ACCORDING TO THE AREAS IN WHICH THE PATIENTS RESIDED.

of County or County Borough (or in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Salford	Manchester	Lancs. County	Cheshire County	Bolton	Oldham	Stockport	Seamen	All Other Areas	Total.
Number of cases from each area included under the following headings in Item 3 :—										
Syphilis .....	49	31	33	4	2	1	—	40	4	164
Soft Chancre .....	32	18	12	1	—	—	—	42	1	106
Gonorrhœa .....	152	98	158	11	4	1	2	100	5	531
Non-venereal and undiagnosed conditions.....	278	159	212	24	8	4	5	102	12	804
TOTAL .....	511	306	415	40	14	6	7	284	22	1,605
Total number of attendances of all patients residing in each area .....	21,003	10,624	14,134	1,516	114	62	157	3,476	495	51,581



## SECTION IV.

# Report Relating to the Meat and Food Inspection, Milk Supply, and the Diseases of Animals Acts.

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### Inspection of Meat and other Food.

The examination of meat and other foods is controlled by Inspectors who are qualified to carry out these duties. The Inspectors are responsible for the examination of all meat and other foods sold or exposed or deposited or in preparation for sale, and it is their duty to ensure that no food sold in the City is unsound, unwholesome or diseased.

There is still room for improvement in the handling of food by the vendor before sale, and the purchaser should be satisfied as to the vendor's cleanliness before buying.

The sale of unwrapped bread shows little sign of diminishing, but it is to be hoped that there will be a more general demand for wrapped bread.

There are 201 retail butchers' shops in the City, and 280 visits of inspection have been made during the year. Generally speaking, the retail meat shops are kept in a satisfactory manner.

In many instances, the method of marking meat is not strictly in accordance with the provisions of the Merchandise Marks (Imported Goods) No. 7 Order, which calls for the marking of imported meat " Foreign," " Empire " or the country of origin. The offenders have been warned that a further contravention would be reported to the Health Committee with a view to a summons being issued.

### Food Preparing Premises.

These premises are now registered under the Food and Drugs Act, 1938, and are also controlled by Food Preparing Byelaws, which require a high standard of cleanliness and sanitation. The majority of these premises are concerned with the preparation of meat products, such as Brawn, Black Puddings, Sausages, Pies, etc.

One hundred and seventy-six visits of inspection have been made during the year, and attention has been paid to the cleanliness of the premises, utensils and persons working there, and especially to the quality and methods of handling the food.

### Offensive Trades.

The following is a list of offensive trades in the City. There have been no complaints arising from these trades.

#### NATURE OF TRADES.

Tripe Dressing .....	2
Soap Works .....	2
Tanneries.....	1
Skin Dressers .....	1
Gut Scrapers.....	1
	—
Total.....	7
	—

### Slaughterhouses.

There are four licensed private slaughterhouses and one public slaughterhouse in the City. Two of the private slaughterhouses are used for killing pigs only. The public slaughterhouse is divided into booths, one booth retained for casual slaughtering of cattle and sheep, two other let to private butchers, and one used for horse slaughtering.

The slaughterhouses are visited at all times when slaughtering takes place, and all carcasses of animals slaughtered in the City are examined.

The number of visits made by the Inspectors during the year was 73, and the number of carcasses inspected :—

Cattle .....	60
Sheep .....	117
Pigs.....	312
Horses .....	182

The slaughtering of livestock except horses was taken over by the Ministry of Food on January 15th, 1940, for the duration of the war. Animals which in normal times would be slaughtered in Salford are now slaughtered at Manchester Abattoir, with the exception of horses which are still slaughtered in the City.



### The Slaughter of Animals Act, 1933.

The requirements of this Act necessitate strict attention being paid to the way in which animals are treated while awaiting slaughter, and to ensure that humane methods of slaughter are used. The Act states that no person shall slaughter animals in a slaughterhouse unless he is licensed by the Local Authority and, in this connection, ninety-eight licences have been granted up to December 31st, 1940.

### Open-air Market.

This market is held on Mondays and Fridays each week, Bank Holidays excepted. Such articles as Fish, Fruit, Vegetables, Poultry, Rabbits, Meat, etc., are regularly exposed for sale.

Four hundred and twenty inspections of stalls were made during the year, and special attention was paid to the stalls where meat was exposed for sale, to ensure that the provisions of the Public Health (Meat) Regulations, 1924, with regard to the screening of the top, back and sides of the stall to prevent contamination, were being complied with.

On the whole, the quality and soundness of the articles sold are good.

### Unsound Food.

#### FOOD CONDEMNED DURING 1940 AS UNFIT FOR HUMAN CONSUMPTION.

	lbs.
Beef .....	2,130
Mutton.....	98
Pork .....	717
Bacon.....	982
Tins of Jellied Veal .....	42
Tins of Pork.....	6
Tins of Pork Brawn.....	54
Tins of Luncheon Meat.....	6
Tins of Cooked Ham .....	6
Tins of Boiled Mutton.....	972
Tins of Pineapple Cubes .....	264
	<hr/>
	5,277
	<hr/>

The above food was sent to the Lighting and Cleansing Department for salvage purposes.

### The Milk Supply.

All the milk sold in the City is produced at farms outside the district, so that the supervision consists chiefly of sampling and inspection of dairies.

The number of farms supplying milk direct to Salford is approximately 200, and these are situated in Lancashire, Cheshire, Derbyshire, Yorkshire and Staffordshire. There is also a large quantity of pasteurised and raw milk retailed in the City by dairymen with registered premises in adjoining towns.

There are 746 registered retail purveyors of milk, including 649 persons who retail bottled milk only. The improvement in the type of shop from which loose milk is sold has been maintained. It is hoped that, by removing from the register the shops of the mixed business type which sell loose milk in conjunction with other articles, to confine the sale of loose milk to shops selling only milk and dairy produce.

The registered retail purveyors of milk are classified as follows :—

Milk depots and small dairies .....	44
Retail milk shops selling other articles in conjunction with milk .....	25
Shops selling bottled milk in conjunction with other articles .....	649
Retail milk dealers selling milk in the City who have registered dairies outside the City.....	28

One hundred and eighty-three visits to dairies and milk shops have been made during the year. Special attention is paid to the methods of cleansing and sterilising utensils, the storage of milk, the sterilising of milk bottles and the general structure and sanitary condition of the premises.

In general, the methods of production, transport, storage and distribution of milk, and the sterilisation of cans and utensils have continued satisfactory, but frequent sampling and testing is at all times necessary.

### Milk (Special Designations) Order, 1936.

The special designations which may be used in relation to milk under this Order are "Tuberculin Tested," "Accredited" and "Pasteurised."

These grades of milk may be shortly described as follows :—

**TUBERCULIN TESTED MILK** is milk from cows which have passed a veterinary examination and a tuberculin test ; it is bottled on the farm or elsewhere ; and may be raw or pasteurised. If it is bottled on the farm, it may be described as Tuberculin Tested Milk (Certified). If pasteurised, it is described as Tuberculin Tested Milk (Pasteurised). The milk must contain no coliform bacilli in 1/100 of a millilitre and, if raw, the milk must satisfy the prescribed methylene blue reduction test while, if pasteurised, it must not contain more than 30,000 bacteria per millilitre.

**ACCREDITED MILK** is milk from cows which have passed a veterinary examination ; it is bottled raw on the farm or at the dairy. It must satisfy the same bacteriological tests as raw Tuberculin Tested milk.

**PASTEURISED MILK** is milk which has been retained at a temperature of 145°-150° for at least thirty minutes and immediately cooled to 55° Fahrenheit ; and does not contain more than 100,000 bacteria per millilitre.

Properly pasteurised or sterilised milk is regarded as absolutely safe against the spread of tuberculosis of bovine origin.

In April, 1939, an investigation carried out for the Ministry of Health showed that the approximate amount of milk consumed in the City each day was 10,000 gallons or .4 of a pint per head of the population.

The milk was classified as follows :—

1. Pasteurised under licence granted by virtue of the Milk Special Designations Order, 1936.....	4,000 gallons per day
2. Sterilised.....	350 „ „
3. Heat treated other than (1) and (2).....	4,000 „ „
4. Tuberculin Tested under licence granted by virtue of the Milk Special Designations Order, 1936.....	5 „ „
5. Accredited under licence granted by virtue of the Milk Special Designations Order, 1936.....	5 „ „
6. Ordinary raw milk.....	1,640 „ „
	<hr/> 10,000 <hr/>

The following 32 licences were granted during 1940 to use special designations under the above Order :—

2	Dealers' Licences to sell milk as "Tuberculin Tested."
2	„ „ „ „ „ "Accredited."
16	„ „ „ „ „ "Pasteurised."
3	Supplementary Licences to sell milk as "Tuberculin Tested."
2	„ „ „ „ „ "Accredited."
4	„ „ „ „ „ "Pasteurised."
2	Licences in respect of Pasteurising Establishments.
1	Licence in respect of "Bottling Establishments" with regard to "Tuberculin Tested" and "Accredited" milks.

### School Milk.

As in previous years, milk has been supplied every day, excepting when there has been no school, to school children under the Milk Marketing Board's scheme.

One of the conditions is that the milk supplied should be approved by the Medical Officer of Health. Pasteurised milk is supplied, and this is regularly examined for bacterial content and efficient pasteurisation. The milk bottles are examined periodically for efficient sterilisation.

### Milk Supplied to Hospitals and Open-air Schools.

All milk supplied to hospitals and schools is now pasteurised.

#### RESULTS OF TESTS ON SAMPLES OBTAINED FROM CONTRACT SUPPLY.

Grade of Milk.	No. of Samples Examined.	Bacterial Test (Plate Count).		Phosphatase Test (for efficient Pasteurisation).		
		Satisfactory.	Not Satisfactory.	Correctly Pasteurised.	Incorrectly Pasteurised.	Grossly underheated or raw.
Pasteurised.....	50	31	19	34	5	11

As a result of the above tests enquiries were made into the cause of unsatisfactory samples and certain defects in the pasteurising plants and methods of cleansing were remedied.

### Tuberculous Milk.

Two hundred and fifty-six samples of milk were obtained and submitted for bacteriological examination for B. Tuberculosis. These samples were obtained on the arrival of the milk at the dairy. Of the 256 samples examined, 28 or



10·9 per cent., were found to contain tubercle bacilli. It should be noted that the greater part of the farm milk after reaching the City is pasteurised and is not delivered to the consumer in its raw state.

When a sample of milk is found to contain B. Tuberculosis the herd is examined by an Inspector of the Ministry of Agriculture and the cows which are found to be giving tuberculous milk are slaughtered.

#### **Ordinary Raw Milk.**

One hundred and forty-seven samples of ordinary raw milk were tested for cleanliness and, although there is no legal bacteriological standard for such milk, high bacterial counts with b. coli present were reported to the local authorities concerned for investigation at the various farms.

#### **Acts and Orders Relating to Diseases of Animals.**

The Health Committee are the Executive Committee of the Local Authority for the purposes of the Diseases of Animals Acts, and General Orders made under the Acts.

These Acts and Orders entail a considerable amount of work which cannot be adequately expressed in tables and figures.

#### **Anthrax Order, 1938.**

Eight cases of sudden death in cattle were investigated for Anthrax. Specimens were submitted to the Bacteriologist for examination and, in each case, proved negative. They were all carcasses of cattle found dead in cattle wagons on arrival in Salford.

#### **Importation of Dogs and Cats Order, 1928.**

This order is to prevent the introduction into Great Britain of rabies through the agency of canine or feline animals brought from overseas. Forty-three visits to ships were made in order to ascertain that the dogs were being controlled in accordance with the provisions of the Order.

#### **Animals (Landing from Ireland, Channel Islands and Isle of Man) Order, 1933, and Importation of Canadian Cattle Order, 1933.**

There are eight cattle lairs in the City, into which cattle and sheep under the above Order are taken. For the duration of the war the Ministry of Food is using these cattle lairs for the detention of animals prior to slaughter at Manchester Abattoir.

The cattle lairs are frequently visited and inspected in order to check the movement of imported animals and to ensure that the lairs are at all times kept in such a condition as not to become a nuisance.

**Transit of Animals Orders, 1927-31.**

These Orders contain a number of provisions relating to the carriage of animals by road and rail. There are three cattle receiving and forwarding stations in the City, which are regularly visited and inspected. All the railway wagons, cattle pens and platforms are thoroughly cleansed and disinfected after use.

## ANIMALS RECEIVED INTO THE CITY BY RAIL DURING 1940.

Cattle.	Sheep.	Calves.	Horses.	Pigs.
44,572	346,675	7,018	85	189

## ANIMALS FORWARDED OUT OF THE CITY BY RAIL DURING 1940.

Cattle.	Sheep.	Calves.	Horses.
118	1,555	—	—

8 beasts, 9 calves and 219 sheep died in transit.

Other Acts and Orders dealt with during the year include:—

Swine Fever Order, 1938.

Foot and Mouth Disease Order, 1928.

Foot and Mouth Disease Order, Boiling of Animal Foodstuff Order, 1932.

Foot and Mouth Disease Order, Packing Material Order, 1925.

Poultry (Exposure for Sale) Order, 1937.

Poultry Markets and Receptacles (Disinfection) Order, 1936.

Regulation of Movement of Swine Order, 1922.

Parasitic Mange Order, 1938.

Tuberculosis Order, 1925.

## SECTION V.

# Pathological Laboratory Report

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The appended tables give an outline of the work carried out at the City Laboratory and at Hope Hospital Laboratory during 1940.

The total number of specimens examined was 38,365, including 219 from the boroughs of Prestwich, Whitefield and Hazel Grove.

The results of swimming bath water examinations are tabulated as in previous reports, with reasonably satisfactory results.

GOOD means conforming to Ministry of Health standards ;

FAIR means moderately below this ;

BAD means a high bacterial count, *i.e.*, over 3,000 per c.c.

Towards the end of the year, a survey was made of the wells in Salford from which a supply of water might be obtained in case of dislocation of the normal water supplies. These wells were examined bacteriologically (also chemically by the City Analyst). A considerable number of them, with outputs up to and over 10,000 gallons per hour, showed quite a high degree of purity, even for drinking purposes, but in all cases chlorination was advised in the event of use for general domestic purposes.

The Salford blood bank is still being maintained in co-operation with the conjoint Manchester scheme. There is still a very definite scarcity of blood donors and this has been accentuated of late as, apart from the fact that a the donors have been called up for military service, experience during recent air raids has shown that quite a number of the injured people requiring transfusion need as many as four or five 500 c.c. bottles of plasma ; that is more than double the amount previously estimated.

During the year, blood was collected from 460 donors in amounts of approximately 500 c.c. each. Some of this was used, soon after collection, for whole blood transfusion in suitable cases. The remainder had the plasma drawn off, and was stored in 350 bottles, each containing 500 c.c. of plasma saline. All the bottles were tested bacteriologically for sterility before and during storage. Supplies are issued to the wards and also sent to other Salford Hospitals for use when required—a small depot being maintained at Salford Royal Hospital, Pendlebury Children's Hospital and the Eccles and Patricroft Hospital. At least 200 bottles of plasma saline are now kept as a reserve in the blood bank. The bank is divided up for safety and the plasma stored in refrigerators in different parts of the hospital and Health Department. A similar blood or plasma bank is maintained at the Royal Infirmary, and at Withington and Crumpsall Hospitals, Manchester.



During the recent severe air raids on Manchester and Salford, approximately 60 bottles of plasma were used on air raid casualty cases at Hope Hospital, Salford Royal Hospital, Pendlebury Children's Hospital and Eccles and Patricroft Hospital. Hope Hospital was badly damaged on the first night of the raid, and Salford Royal Hospital on the second night. Considerably larger supplies would have been used had these hospitals continued to admit casualties which then had to be sent to Manchester. Reports sent in from all the cases in which it was used were very favourable, and there is now a unanimous opinion in medical circles all over the country that the administration of plasma to cases of shock following injury, hæmorrhage or burns is a very valuable remedy which has been instrumental in saving many lives.

#### Swimming Bath Water Reports, 1940.

	Good.	Fair.	Bad.	Total.
Seedley .....	47	2	1	50
Blackfriars .....	16	10	18	44
Total .....	63	12	19	94

#### Examinations made for Other Authorities, 1940.

Nature of Investigation.	Prestwich.	Whitefield.	Hazel Grove.	Total.
Examination of Swabs for B. Diphtheria.....	129	6	—	135
Examination of Sputa for B. Tuberculosis .....	20	6	—	26
Virulence Tests .....	3	—	—	3
Agglutination Tests .....	2	—	—	2
Examination of Drinking Water Milk, Methylene Blue and B. Coli Tests .....	3	—	—	3
	5	—	16	21
Milk, Inoculations for Tubercle Bacilli .....	5	—	23	28
Milk, Examination for B. Paratyphosus B. ....	1	—	—	1
Total .....	168	12	39	219





Nature of Investigations.	Lady-well Sana-torium.	Hope Hospital.	Veterinary Depart-ment.	Tuber-culosis Depart-ment.	Venereal Diseases Depart-ment.	School Medical Depart-ment.	Maternity and Child Welfare Depart-ment.	General Practi-tioners.	Salford Royal Hospital.	Various.	Total.
Paul Bunnell Reaction .....	—	1	—	—	—	—	—	—	—	—	1
Prothrombic Index .....	—	6	—	—	—	—	—	—	—	—	6
Platelet Count.....	—	1	—	—	—	—	—	—	—	—	1
Sternal Puncture .....	—	1	—	—	—	—	—	—	—	—	1
Wassermann Tests .....	—	1,253	—	—	—	—	—	120	431	—	4,448
Kahn Tests .....	—	1,253	—	—	2,644	—	—	120	431	—	4,448
Gonorrhoeal Complement Fixation Tests .....	—	86	—	—	1,207	—	—	3	3	—	1,299
Agglutination Tests .....	16	34	—	—	—	—	—	7	—	—	57
Cerebro Spinal Fluids .....	28	273	—	—	—	—	—	—	—	—	301
Pleural Fluids .....	2	59	—	—	—	—	—	—	—	—	61
Autopsies .....	—	188	—	—	—	—	—	—	—	—	188
Histological Sections .....	—	695	—	—	—	—	—	—	—	—	695
Hairs for Ringworm .....	—	3	—	—	—	2	—	—	—	—	5
Blood Sugar Estimations .....	54	313	—	—	—	—	—	—	—	—	1,367
Blood Urea Estimations .....	—	246	—	—	—	—	—	—	—	—	246
Urea Clearance Tests .....	—	189	—	—	—	—	—	—	—	—	189
Fractional Test Meals .....	—	328	—	—	—	—	—	—	—	—	328
Stools for Occult Blood .....	—	575	—	—	—	—	—	—	—	—	575
Van den Bergh Reactions .....	—	6	—	—	—	—	—	—	—	—	6
Milk, Phosphatase Reactions .....	—	—	48	—	—	—	—	—	—	—	48
Blood, Inorganic Phosphate .....	—	3	—	—	—	—	—	—	—	—	3
“ Calcium .....	—	2	—	—	—	—	—	—	—	—	2
“ Spectroscopic Examination .....	—	—	—	—	—	—	—	—	—	—	—
“ Cholesterol .....	—	5	—	—	—	—	—	—	—	—	5
Urine, Chemical Examination .....	—	764	—	—	—	—	—	—	—	—	764
“ Ascorbic Acid Estimation .....	—	28	—	—	—	—	—	—	—	—	28
Collordal Gold Curve.....	—	3	—	—	—	—	—	—	—	—	3
Tryptophane Reaction .....	—	2	—	—	—	—	—	—	—	—	2
Diastatic Index .....	—	1	—	—	—	—	—	—	—	—	1
Spectroscopic Examination of Urine .....	—	2	—	—	—	—	—	—	—	—	2
Urea, Estimation in Urine .....	—	15	—	—	—	—	—	—	—	—	15
Urinary Calculus—Analysis .....	—	1	—	—	—	—	—	—	—	—	1
Smears for Trichomanas Vaginalis .....	—	73	—	—	—	—	—	—	—	—	73
Stools for Worms .....	—	9	—	—	—	—	—	2	—	—	11
Testing of Auto claves .....	—	8	—	—	—	—	—	—	—	—	8
Vaccines .....	7	11	—	—	—	—	—	2	—	—	20
Mouse Inoculations .....	—	85	—	—	—	—	—	—	—	—	85
Friedman Tests .....	—	1	—	—	—	—	—	2	—	—	4
Ascheim Zondeck Tests .....	—	—	—	—	—	—	—	—	—	—	—
Various .....	7	—	—	—	—	—	—	—	—	5	7
Grouping of Donors .....	—	50	—	—	—	—	—	1	—	—	14
Bleeding of Donors .....	—	460	—	—	—	—	—	—	—	—	50
Withdrawal of Plasma .....	—	350	—	—	—	—	—	—	—	—	460
Sterility Tests on Plasma .....	—	350	—	—	—	—	—	—	—	—	350
	6,481	19,962	627	464	6,497	951	86	1,983	870	225	38,146

## SECTION VI.

## Report relating to the City Analyst's Department.

The following table (Table 1) contains particulars of 1,344 samples examined for the City of Salford, under the Food and Drugs Act, 1938, during the year 1940.

TABLE 1.

SAMPLES.	Number Examined.	Number Adulterated.		Per cent. Adulteration.
		Preservatives Only.	Other Ways.	
Milk .....	919	—	50	5.4
Condensed Milk .....	6	—	—	—
Dried Milk .....	4	—	—	—
Synthetic Milk .....	1	—	1	100.0
Malted Milk .....	1	—	—	—
Butter .....	29	—	—	—
Margarine .....	26	—	5	19.2
Cheese .....	12	—	—	—
Tinned Cream .....	3	—	—	—
Lard .....	12	—	1	8.3
Cooking Fat .....	2	—	—	—
Dripping .....	5	—	2	40.0
Sugar .....	22	—	—	—
Jam .....	20	—	6	30.0
Eccles Cakes .....	1	—	1	100.0
Sweetening Powder .....	1	—	—	—
Sweetening Solution .....	1	—	—	—
Tea Sweeteners .....	1	—	—	—
Saccharin Tablets .....	1	—	—	—
Shredded Beef Suet with Rice Flour .....	6	—	—	—
Starch Reduced Bread .....	2	—	—	—
Sausage .....	19	—	5	26.3
Dried Eggs .....	1	—	—	—
Flour .....	15	—	—	—
Tapioca .....	2	—	—	—
Cornflour .....	1	—	—	—
Custard Powder .....	7	—	2	28.6
Salt .....	3	—	—	—
Tea .....	6	—	—	—
Digestive Tea .....	1	—	—	—
Coffee .....	3	—	—	—
Cocoa .....	9	—	—	—
Coffee and Chicory Essence .....	3	—	—	—
Coffee and Chicory .....	1	—	—	—
Malt and Cocoa Beverages .....	2	—	—	—
Cafe-au-lait Powder .....	1	—	1	100.0
Tinned Baked Beans .....	8	—	—	—
Tinned Tomatoes .....	2	—	—	—
Tinned Sild .....	5	—	—	—
Tinned Brisling .....	2	—	—	—
Tinned Sardines .....	3	—	—	—
Sardine and Tomato Paste .....	1	—	1	100.0
Tinned Fruit Pudding .....	1	—	—	—
Tinned Peas .....	3	—	—	—



TABLE 1—Continued.

SAMPLES.	Number Examined.	Number Adulterated.		Per cent. Adulteration.
		Preservatives Only.	Other Ways.	
Golden Syrup .....	2	—	—	—
Treacle .....	4	—	—	—
Rice .....	3	—	—	—
Barley .....	3	—	—	—
Jelly .....	2	—	—	—
Ground Almonds .....	3	—	—	—
Vinegar .....	8	—	1	12.5
Desiccated Coconut .....	3	—	—	—
Pepper .....	6	—	—	—
Baking Powder .....	10	—	—	—
Bicarbonate of Soda .....	5	—	—	—
Mustard .....	1	—	—	—
Mustard Compound .....	1	—	—	—
Malt Extract and Cod Liver Oil .....	5	—	1	20.0
Radio-Malt .....	1	—	—	—
Salad Cream .....	4	—	—	—
Salad Oil .....	2	—	—	—
Olive Oil .....	13	—	—	—
Castor Oil .....	5	—	—	—
Camphorated Oil .....	2	—	—	—
Liquid Paraffin .....	7	—	—	—
Compound Syrup of Figs....	5	—	2	40.0
Glycerine .....	3	—	1	33.3
Seidlitz Powder.....	10	—	3	30.0
Cream of Tartar .....	5	—	—	—
Epsom Salts .....	5	—	—	—
Glauber's Salts .....	5	—	—	—
Rochelle Salts .....	3	—	—	—
Borax .....	5	—	—	—
Glycerin of Thymol B.P.C..	3	—	—	—
Glycerin of Borax .....	4	—	2	50.0
Aspirin Tablets .....	3	—	—	—
Phenol Mixture .....	2	—	—	—
Tannic Acid Jelly .....	1	—	1	100.0
Boracic Powder B.P.....	2	—	—	—
Indian Brandy .....	2	—	1	50.0
Boracic Ointment .....	2	—	—	—
Zinc Ointment .....	6	—	1	16.7
Phenolated Solution of Iodine .....	1	—	—	—
Tincture of Iodine .....	1	—	—	—
Iodine Paint .....	4	—	3	75.0
Iodine Ointment .....	2	—	2	100.0
Mercury Ointment .....	2	—	—	—
Mercurial Ointment .....	1	—	—	—
Sulphur Ointment .....	2	—	—	—
Basilicon Ointment .....	1	—	—	—
	1,344	—	93	6.9



TABLE 2.

## PERCENTAGE ADULTERATION—SALFORD.

Year.	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
Percentage of Adulteration ....	3.3	2.9	4.0	3.3	7.0	4.6	7.1	7.2	7.1	6.9
Total Samples.....	1445	1286	1337	1374	1275	1329	1323	1284	1353	1344
Formal Samples ..	574	462	521	586	574	524	456	396	377	406
Informal Samples	871	824	816	788	701	805	867	888	976	714
Private Samples..	—	—	—	—	—	—	—	—	—	224
No. of Samples per 100,000 of the population	642	576	607	643	596	633	642	636	679	685

TABLE 3.

## ADULTERATION OF MILK—SALFORD.

Year.	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
No. of Samples....	1100	1106	1003	885	1006	1027	1020	1006	923	930	923	919
Percentage of Adulteration....	2.5	3.3	2.1	1.7	4.2	1.2	4.6	3.0	5.9	6.2	6.5	5.4

TABLE 4.

## MILK ADULTERATION...ENGLAND AND WALES.

Year.	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
Percentage of Adulteration....	7.8	6.6	6.4	7.3	7.7	7.2	7.4	6.7	7.0	7.7	Not available	

TABLE 5.

AVERAGE COMPOSITION OF ALL MILK.

Month.	Number of Samples.	Total Solids per cent.	Fat per cent.	Solids-not-fat per cent.
January .....	71	12.36 { 12.45 12.24 12.39	3.67 { 3.69 3.62 3.70	8.69 { 8.76 8.62 8.69
February .....	69			
March .....	81			
April .....	95	12.18 { 12.17 12.23 12.14	3.50 { 3.53 3.50 3.44	8.68 { 8.64 8.73 8.70
May .....	88			
June .....	65			
July .....	74	12.41 { 12.23 12.41 12.56	3.68 { 3.52 3.70 3.80	8.73 { 8.71 8.71 8.76
August .....	68			
September .....	80			
October .....	85	12.52 { 12.66 12.54 12.33	3.82 { 3.89 3.86 3.68	8.70 { 8.77 8.68 8.65
November .....	73			
December .....	70			
	919	12.36	3.66	8.70

TABLE 6.

AVERAGE COMPOSITION OF FARMERS' MILK.

Month.	Number of Samples.	Total Solids per cent.	Fat per cent.	Solids-not-fat per cent.
January .....	33	12.37 { 12.48 12.08 12.54	3.71 { 3.75 3.54 3.82	8.66 { 8.73 8.54 8.72
February .....	36			
March .....	44			
April .....	59	12.21 { 12.17 12.30 12.26	3.57 { 3.56 3.57 3.59	8.64 { 8.61 8.73 8.67
May .....	32			
June .....	19			
July .....	19	12.44 { 12.24 12.43 12.62	3.75 { 3.60 3.75 3.89	8.69 { 8.64 8.68 8.73
August .....	24			
September .....	23			
October .....	36	12.52 { 12.70 12.59 12.21	3.80 { 3.90 3.86 3.62	8.72 { 8.80 8.73 8.59
November .....	34			
December .....	28			
	387	12.38	3.70	8.68

TABLE 7.

AVERAGE COMPOSITION OF MILK OTHER THAN FARMERS' MILK.

Month.	Number of Samples.	Total Solids per cent.	Fat per cent.	Solids-not-fat per cent.
January .....	38	12.36 { 12.45 12.41 12.22	3.64 { 3.67 3.71 3.55	8.72 { 8.78 8.70 8.67
February .....	33			
March .....	37			
April .....	36	12.16 { 12.17 12.19 12.10	3.44 { 3.48 3.46 3.38	8.72 { 8.69 8.73 8.72
May .....	56			
June .....	46			
July .....	55	12.39 { 12.23 12.40 12.54	3.64 { 3.49 3.67 3.77	8.75 { 8.74 8.73 8.77
August .....	44			
September .....	57			
October .....	49	12.52 { 12.63 12.49 12.41	3.82 { 3.88 3.85 3.72	8.70 { 8.75 8.64 8.69
November .....	39			
December .....	42			
	532	12.36	3.64	8.72

TABLE 8.

AVERAGE COMPOSITION OF ALL MILK—SALFORD.

Year.	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
Fat.....	% 3.64	% 3.57	% 3.59	% 3.53	% 3.51	% 3.55	% 3.65	% 3.66	% 3.67	% 3.64	% 3.61	% 3.66
Solids-not-fat	8.83	8.92	8.92	8.91	8.79	8.83	8.85	8.89	8.85	8.83	8.79	8.70
Total Solids	12.47	12.49	12.51	12.44	12.30	12.38	12.50	12.55	12.52	12.47	12.40	12.36

In Tables 9 and 10 will be found details of 93 samples reported upon as adulterated, a figure corresponding to 6.9 per cent. adulteration for the year in Salford. These figures are in close agreement with the corresponding figures for the last three years. As will be noted from a study of the analysis of milk adulteration given later in this report it will be observed that a big proportion of the samples reported upon as adulterated consisted of milks showing deficiencies in fat content or solids not-fat of less than 10 per cent. or 3 per cent. respectively. In the majority of cases the offences were not of a very serious nature and these were dealt with by letters of caution. Legal proceedings were, however, instituted in six cases, five of these being under the Food and Drugs Act, 1938 ; the remaining case was taken under the Pharmacy and Poisons Act, 1933. The fines (including costs) inflicted in these cases amounted to £31 3s. 0d.

TABLE 9.

## MILK ADULTERATION.

No.	Nature of Adulteration.	Action Taken.	Remarks.
A 5852.....	Deficient 13.3% fat .....	Farmer notified of poor quality of milk.	"Appeal to Cow" samples of poor quality. Nos. A 5924-5925.
A 5874.....	Deficient 16.6% fat .....		
A 5869.....	Deficient 3.3% fat .....	Vendor fined £8 and £2 2s. 0d. costs.	Samples taken from carts.
A 5888.....	Deficient 16.6% fat .....		
A 5895.....	Deficient 16.6% fat .....	Farmer notified of poor quality of milk.	See special observations.
A 5896.....	Deficient 4.7% solids-not-fat .....		
A 5912.....	Deficient 10.0% fat .....		
A 5913.....	Deficient 4.3% fat .....		
A 5971.....	Deficient 11.0% fat .....	Vendors notified .....	Bottled milk.
A 5997.....	Deficient 6.7 fat .....	Farmer notified .....	Same farmer as No. A 5895, etc.
A 6006.....	Deficient 9.0% fat .....	Farmer cautioned .....	Farmer's samples.
A 6022.....	Deficient 3.3% fat .....		
A 6062.....	0.6% extraneous water, F.Pt. Hortvet $\Delta$ 0.526 .....	Further samples genuine .....	No other action taken.
A 6064.....	Deficient 13.3% fat .....	Further samples genuine but of poor quality solids-not-fat.	Farmer's sample.
A 6066.....	Deficient 10.0% fat .....	Farmer notified of poor quality of milk.	See special observations.
A 6082.....	Deficient 3.3% fat and contained 3.6% extraneous water, F.Pt. Hortvet $\Delta$ 0.528 .....		



TABLE 9—Continued.

No.	Nature of Adulteration.		Action Taken.	Remarks.
A 6109 .....	Deficient	1.7% fat .....	Dairyman notified of poor quality of milk.	Wholesale dairyman's sample.
A 6153 .....	Deficient	3.3% fat .....	Further samples genuine .....	Supply kept under observation.
A 6156 .....	2.4% extraneous water, F.Pt.	Hortvet $\Delta$ 0.526.....	Further samples genuine .....	Supply kept under observation.
A 6161 .....	0.6%	„ „ „ $\Delta$ 0.516.....	Further samples genuine .....	Supply kept under observation.
A 6216 .....	0.6%	„ „ „ $\Delta$ 0.516.....	Further samples genuine .....	Bottled milk.
A 6219 .....	Deficient	7.7% fat .....	Vendor cautioned .....	Bottled milk.
A 6279 .....	Deficient	5.0% fat .....	Further samples genuine .....	Farmer's sample.
A 6280 .....	Deficient	6.7% fat .....	See A 6307 and A 6309 .....	Farmer's sample.
A 6297 .....	Deficient	3.3% fat .....	Further samples genuine .....	Bottled milk.
A 6307 .....	Deficient	6.0% fat .....	Farmer notified of poor natural quality of milk. }	Samples also poor in solids-not-fat but had genuine freezing points.
A 6309 .....	Deficient	7.7% fat .....		
A 6318 .....	3.1% extraneous water, F.Pt.	Hortvet $\Delta$ 0.496 }	Dairyman cautioned .....	Bottled milk.
A 6320 .....	and deficient 10% fat. 3.1% extraneous water, F.Pt.	Hortvet $\Delta$ 0.498 }		
A 6384 .....	Deficient	33.3% fat .....	Prosecution instituted, £5 costs.	Bottled milk.

TABLE 9—Continued.

No.	Nature of Adulteration.		Action Taken.	Remarks.
A 6423.....	Deficient 10·0% fat	}	Farmer notified of poor quality of samples.	"Appeal to Cow" samples of poor quality.
A 6424.....	Deficient 8·3% fat			
A 6426.....	Deficient 16·0% fat			
A 6462.....	Deficient 5·0% fat			
A 6483.....	0·2% extraneous water, F.Pt. Hortvet Δ 0·520.....		Supply kept under observation.....	Farmer's sample.
A 6485.....	1·9% " " " Δ 0·518.....		Supply kept under observation.....	Further samples genuine.
A 6497.....	Deficient 3·3% fat		Supply kept under observation.....	Further samples genuine.
A 6592.....	1·4% extraneous water, F.Pt. Hortvet Δ 0·516.....		Supply kept under observation.....	Further samples genuine.
A 6675.....	Deficient 12·7% fat		Vendor cautioned .....	See special observations.
A 6755.....	Deficient 5·0% fat	}	Dairy company cautioned.....	Bottled milk.
A 6757.....	Deficient 3·3% fat			
A 6797.....	Deficient 3·3% fat		Supply kept under observation.....	Further samples genuine.
A 6844.....	Deficient 3·3% fat		Supply kept under observation.....	Further samples genuine.
A 6897.....	2·9% extraneous water, F.Pt. Hortvet Δ 0·510.....		Dairy company notified .....	Bottled milk.
B 94.....	3·5% " " " Δ 0·524..	}	Farmer notified of poor quality	See special observations.
A 6941.....	Deficient 15·0% fat			
B 97.....	1·8% extraneous water, F.Pt. Hortvet Δ 0·510 and deficient 3·3% fat.			
A 6942.....	1·8% extraneous water, F.Pt. Hortvet Δ 0·515 and deficient 5·0% fat.			
A 6943.....	6·0% extraneous water, F.Pt. Hortvet Δ 0·505..	}	Prosecution and conviction.	Farmer's milk.
A 6944.....	1·3% " " " Δ 0·525..			
			Fined 15s. 0d. and £4 13s. 0d. costs.	
			See A 6942, A 6943 and A 6944.....	Informal sample.

**TABLE 10.**  
ADULTERATED SAMPLES OTHER THAN MILK.

No.	Description.	Nature of Adulteration.	Remarks.
A 5706 ..	Margarine .....	Sold in plain wrapper over fancy mar- garine wrapper — otherwise genuine.	Shopkeepers inter- viewed.
A 5708 ..	Margarine .....		
A 5778 ..	Margarine .....		
A 5779 ..	Margarine .....		
A 5780 ..	Margarine .....		
A 5710 ..	Lard .....	Consisted of compound cooking fat.	Formal sample, genuine.
A 5744 ..	Glycerine .....	Contained 1 part per million excess lead.	Packers notified.
A 5749 ..	Custard Powder .....	Unsatisfactory label.....	Packers agreed to alter the label.
A 5771 ..	Custard Powder .....	Unsatisfactory label.....	Packers agreed to alter the label.
A 5826 ..	Synthetic Milk .....	Labelling offence .....	Manufacturers ceased to make this pro- duct.
A 5839 ..	Beef Sausage .....	Deficient 14% meat ....	See No. A 5863.
A 5863 ..	Beef Sausage .....	Deficient 14% meat ....	See special observa- tions.
A 5840 ..	Beef Sausage .....	Deficient 23% meat ....	Formal sample, genuine.
A 5879 ..	Zinc Ointment .....	Contained 11.3% excess zinc oxide.	Manufacturers noti- fied.
M 42 ....	Indian Brandy .....	Contained a trace only of ethyl nitrite.	Taken from partially- filled stock bottle.
A 6014 ..	Extra-Strong Seid- litz Powder.	Contained 13.6% excess tartaric acid.	Manufacturers noti- fied.
A 6016 ..	Seidlitz Powder.....	"Blue" packet con- tained cream of tartar instead of rochelle salt and was wrapped in a white paper.	Shopkeeper inter- viewed.
A 6039 ..	Iodine Paint .....	Deficient 49% iodine....	Manufacturers agreed to increase iodine content.
A 6045 ..	Glycerin of Borax.....	Deficient 74.2% borax..	See No. A 6073.
A 6073 ..	Glycerin of Borax.....	Deficient 77.5% borax..	Vendor fined £3 and £1 1s. 0d. costs.
A 6149 ..	Red Plum Jam.....	Deficient 5% of soluble solids.	Manufacturers inter- viewed.
A 6202 ..	Iodine Paint (Methy- lated)	Deficient 39% iodine....	Manufacturers ceased to make this pro- duct.
A 6203 ..	Iodine Paint (Methy- lated) Stainless.	Deficient 77% iodine....	Manufacturers ceased to make this pro- duct.
A 6355 ..	Eccles Cakes (ingre- dients including butter).	Cakes contained not more than 0.5% butter.	Packers interviewed. Agreed to remove the word "butter" from labels.
A 6422 ..	Sardine and Tomato Paste.	Contents of jars con- tained from 0.02% to 0.19% broken glass.	Manufacturers ceased to make this pro- duct.



TABLE 10—Continued.

No.	Description.	Nature of Adulteration.	Remarks.
A 6429 ..	Seidlitz Powder, Extra Strong.	Blue packet deficient of 20% sodium bicarbonate.	Packers notified.
A 6436 ..	Damson Jam .....	At least 51.5% de- ficient in fruit.	See No. S 6738.
A 6438 ..	Apricot Jam .....	6.4% deficient in soluble solids and 50% deficient in fruit.	Manufacturers agreed to bring jam to standard.
A 6534 ..	Tannic Acid Jelly.....	43.3% deficient of tannic acid.	Manufacturers agreed to increase tannic acid content.
A 6535 ..	Dripping .....	Contained 7% excess water.	See No. A 6539.
A 6539 ..	Dripping .....	Contained 1% excess water.	Retailer cautioned.
A 6709 ..	Unfermented Vinegar	Deficient of 4% acetic acid.	Packers cautioned.
A 6713 ..	Iodine Ointment (5%).	Deficient 56.8% iodine	See No. A 6753.
A 6738 ..	Damson Jam .....	Deficient 39% damsons	Stocks withdrawn from sale.
A 6753 ..	Iodine Ointment (5%).	Deficient 56% iodine....	Summons withdrawn. Company liquida- ted.
A 6777 ..	Apricot Jam .....	Deficient 29% fruit ....	Manufacturers noti- fied.
A 6779 ..	Strawberry Jam .....	Deficient 1.2% soluble solids.	Manufacturers noti- fied.
A 6785 ..	Grade "A" Pork Sausage.	Deficient 14% meat and contained 128 parts per million of sulphite preservative expressed as sulphur dioxide.	See No. A 6801.
A 6801 ..	Grade "A" Pork Sausage.	Deficient 11% meat and contained 123 part per million of sulphite preservative expressed as sulphur dioxide.	Prosecution and conviction. Vendor fined £2 and £2 2s. 0d. costs.
B 19 ....	Malt Extract and Cod Liver Oil.	Deficient 7.5% pro- teins.	Vendor notified.
B 67 ....	Compound Syrup of Figs.	Unsatisfactory label..	Firms requested to alter their labels.
B 68 ....	Compound Syrup of Figs.	Unsatisfactory label..	
B 71 ....	Cafe-au-lait Powder ..	Unsatisfactory label.....	Manufacturers agreed to alter their label.



## SECTION VII.

# Maternity and Child Welfare Department and the Supervision of Midwives.

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**Staff.**

- 1 Senior Medical Officer, who is also Supervisor of Midwives.
- 1 Assistant Medical Officer—full time.
- 1 Assistant Medical Officer—part time.
- 1 Non-Medical Supervisor of Midwives.
- 16 Health Visitors.
- 18 Municipal Midwives.
- 3 Masseuses and Artificial Light Operators.
- 8 Clerks.

**Medical Officers.**

Dr. Sproul, Senior Medical Officer for Maternity and Child Welfare, is responsible for the general administration of the Department and for the Supervision of Midwives; she is a member of four voluntary societies undertaking Maternity and Child Welfare Services in the City and is also Honorary Medical Officer to the Salford Nursery School Committee and the Salford District Nursing Association.

The Maternity and Child Welfare Service in the City has not been curtailed in any way during 1940. Ante-Natal, Child Welfare, Massage and Artificial Light Clinics have all functioned as usual in spite of war conditions. Owing to lack of attendance, possibly due to more mothers being employed, it was found necessary to close the Encombe Place dinner centre during the year, but in contrast to this the number of dinners supplied at the Ordsall and Police Street Centres has been increased.

There have been several changes in the Health Visiting Staff during 1940. The post of Superintendent Health Visitor which had been vacant since June, 1939, owing to difficulties caused by war conditions was filled in July, 1940. Two Health Visitors retired on superannuation during the year and one left to take up an appointment elsewhere. These posts were only filled after considerable delay due to the present shortage of Health Visitors. The work of the Health Visitors is now in process of reorganisation and strenuous efforts are being made to make and keep the preventive nature of the work uppermost in the minds of all concerned.

It has been found that children under five years of age have been brought for immunisation against Diphtheria in greater numbers than at any time in the past; thus the propaganda work carried out in this connection for many years by the Health Visitors and also the recent Government propaganda upon the subject is at last showing signs of success.

The Department continues to be responsible for the evacuation of expectant mothers. The Scheme was used very little during 1940, until the last week of the year, when enemy activity reawakened in the public mind the necessity for dispersal. Expectant mothers have, therefore, been evacuated at regular intervals since the 27th December, 1940.

A war-time addition to the duties of the Staff has been the responsibility for providing medical and nursing care at Rest Centres when necessary.

The following table shows the number of visits by the Health Visitors during 1940:—

TABLE C.W. 1.

Wards.	First Visits to Children under 1 year.	Total Visits to Children under 1 year.	Total Visits to Children 1 to 5 years.	First Visits to Ex- pectant Mothers.	Total Visits to Ex- pectant Mothers.	Total Visits.
Albert Park.....	247	1036	1489	133	182	2707
Charlestown.....	208	325	505	41	46	876
Claremont .....	231	806	1396	131	226	2428
Crescent.....	300	1176	1791	145	232	3198
Docks.....	209	298	493	32	33	824
Kersal.....	202	643	824	75	94	1561
Langworthy.....	242	742	1577	137	187	2506
Mandley Park.....	148	489	828	81	90	1407
Ordsall Park.....	249	645	813	71	123	1581
Regent.....	183	571	824	92	108	1503
St. Matthias'.....	177	1071	1711	73	102	2884
St. Paul's.....	267	759	1145	89	99	2003
St. Thomas'.....	197	556	1008	127	155	1719
Seedley .....	89	155	291	33	39	485
Trinity.....	170	869	1365	105	150	2384
Weaste .....	255	458	737	130	171	1366
	3374	10598	16597	1495	2037	29232

TABLE C.W. 3.

ATTENDANCES AT CHILD WELFARE CLINICS AND CENTRES DURING 1940.

CLINICS AND CENTRES.	NEW CASES.		TOTAL ATTENDANCES.		CONSULTATIONS.	
	Under 1 year.	Over 1 year.	Under 1 year.	Over 1 year.	Under 1 year.	Over 1 year.
Regent Road Clinic.....	317	97	2,974	2,355	1,482	1,191
Broughton Clinic.....	469	139	4,676	2,602	1,934	1,562
Police Street Clinic.....	425	120	4,472	3,815	2,172	1,825
Ordsall Centre.....	124	31	2,042	1,266	664	417
Encombe Place Centre.....	266	58	3,002	1,820	1,149	739
Seedley Centre.....	343	39	5,131	1,677	1,750	765
The Height Centre.....	144	39	2,217	485	838	482
Royal District Nurses' Home.....	104	—	239	6	—	—
	2,192	523	24,753	14,026	9,989	6,981



**Massage Treatment.**

Massage treatment is given for Rickets and other Orthopædic conditions, at the Clinics and Centres. The results in all cases where the children are brought regularly, and for a sufficient length of time, are very satisfactory. The children attending for massage treatment are seen regularly by the Medical Officers. In cases where the mothers cease attending before the children are officially discharged, the Health Visitor investigates and invites them to re-attend. After they have been discharged, the mothers are asked to bring them regularly to the Child Welfare Centres in order that they may be kept under observation.

During the year 1940, the following cases have been dealt with :—

Clinics and Centres.	No. of Sessions held Weekly.	No. of Regular Cases.	No. of Casual Cases.	Cases Discharged Cured.	Total No. of Attendances.
<b>CLINICS—</b>					
Regent Road.....	7	84	34	34	2786
Broughton.....	3	54	17	17	1040
Police Street.....	4	—	—	—	1136
<b>CENTRES—</b>					
Encombe Place.....	1	24	6	6	352
Ordsall.....	1	10	5	5	195
Seedley.....	2	40	7	7	810

**Artificial Light Clinic.**

The conditions for which artificial sunlight is administered are Rickets, Anæmia, Marasmus and Debility following acute infectious diseases. The results obtained are very gratifying, and only a few cases fail to respond to treatment. After discharge from sunlight treatment, each child is kept under observation by the Medical Officer at the Child Welfare Centre. In a few special cases, a second course of treatment has been found necessary. The treatment is administered by a competent operator under the supervision of the Medical Officer. All cases are examined regularly during the course of treatment.

At the Regent Road Clinic five sessions per week are devoted to the treatment of children under five years of age, and at the Broughton Clinic two sessions are held weekly.

The following are the Sunlight Clinic figures for the year 1940 :—

	Regent Road.	Broughton.
Individual cases.....	188	74
Total attendances .....	2502	1077
<b>CASES DISCHARGED.</b>		
Very much improved' .....	22	15
Improved .....	12	10
No improvement owing to irregular attendance .....	121	23



**Home Helps.**

Home helps are only supplied where there is absolutely no one to look after the home and other children whilst the mother is in bed. The Home Help attends at the home for ten days from the day of confinement, her hours being from 8 a.m. to 2 p.m., for which she receives from the Corporation 4s. 0d. per day, but provides her own food. Her duties are to look after the house and children generally, see older children off to school, and prepare meals for the mother and the rest of the family.

The Home Helps are women who are particularly suited for the work, and who are well known to the Health Visitors as to character, reliability, etc.

The scheme has been in operation since 1920, and has worked very satisfactorily. During the year 1940, 8 women have been employed as Home Helps and 17 necessitous cases have been assisted.

**Public Health Act, 1936—Child Life Protection.**

The following is a report of work done in the administration of the Act during 1940 :—

Cases on Register at end of 1939.....	31
New Registrations during 1940.....	12
Children removed from Register .....	24
<b>Including—</b>	
Children removed from Salford .....	6
,, attained age of nine years .....	3
,, returned to parents .....	7
,, admitted to institutions .....	3
,, legally adopted .....	5
Children remaining on Register.....	19
Total Visits paid during 1940.....	312
No. of registered Foster Mothers .....	16

**Maternal Deaths.**

Eight maternal deaths occurred among Salford women during 1940.

The causes of death were found to be as follows :—

1. Toxæmia : Pelvic Peritonitis : Rupture of Uterus following operation of Curettage.
2. Placenta Prævia : Post-partum Hæmorrhage.
3. Cardiac Failure : Cæsarean Section.
4. Placenta Prævia : Cæsarean Section : Shock.
5. General Peritonitis : Intra-partum Infection : Difficult Labour.
6. Obstetric Shock following forceps delivery and Retained Placenta.
7. Hyperemesis Gravidarum : Complicated by Insanity of Pregnancy.
8. Ante-partum Hæmorrhage : Central Placenta Prævia.

TABLE C.W.4.—NOTIFICATION OF BIRTHS.

Wards.	LIVE BIRTHS NOTIFIED BY				Births transferred to other Local Authorities	Total live births notified.	Live births not notified.	Still-births notified.	St. Mary's Still-births.
	Mid-wives.	Medical Practitioners.	Manchester Hospitals and Other Local Authorities.	Hope Hospital.					
Albert Park .....	141	6	8	74	—	229	1	8	—
Charlestown .....	115	2	4	92	—	213	—	8	—
Claremont .....	73	4	12	55	—	144	—	12	—
Crescent.....	114	2	8	80	—	204	1	10	—
Docks.....	116	1	9	65	—	191	—	10	—
Kersal .....	67	4	24	53	—	148	—	4	—
Langworthy .....	103	1	3	86	—	193	—	6	—
Mandley Park .....	151	4	34	89	42	278	—	8	—
Ordsall Park.....	98	1	9	99	—	207	—	7	—
Regent.....	108	4	5	73	—	190	—	9	—
St. Matthias' .....	130	2	5	47	—	184	—	9	—
St. Paul's .....	113	4	4	76	—	197	—	10	—
St. Thomas' .....	88	3	2	54	—	147	2	9	—
Seedley.....	48	2	3	39	—	92	—	3	—
Trinity .....	114	1	6	55	—	176	—	10	—
Weaste.....	155	4	4	287	267	450	6	48	1
	1,734	45	140	1,324	309	3,243	10	171	1

## SUPERVISION OF MIDWIVES.

### MUNICIPAL MIDWIFERY SERVICE.

The Municipal Midwifery Service came into operation on the 1st August, 1937, and provided for the employment of 23 midwives. In addition there were four midwives in private domiciliary practice. Three of these midwives voluntarily retired in July, 1939, and were compensated in accordance with the provisions of the Midwives Act, 1936. The remaining midwife was appointed to Municipal Service in November, 1940, and the whole of the domiciliary midwifery undertaken in the City is now in the hands of the Municipal Midwives.

The Scheme now provides for the employment of 23 midwives, 19 being employed directly by the Corporation, 3 by the Salford District Nursing Association and one by arrangement with the St. Mary's Hospital Board, Manchester.

The high standard of the work performed by the midwives has been maintained during 1940 under most difficult conditions. Much of their work is done during the black-out and the number of calls received by them is always increased during alerts and air raids.

Their Supervisors have every reason to be proud of the fortitude shown by the midwives under these conditions and their patients have on many occasions expressed appreciation of the fine and heroic way in which they have been served.

In addition to the administration of the Municipal Midwifery Service, the Supervisors visit and inspect all nursing homes in the City.

During the year 1940, 1,439 births were attended by midwives alone and 155 were attended by doctors with midwives acting as maternity nurses. 6,733 ante-natal visits were paid and 29,064 visits were paid during puerperium.

The midwives are required to make the following notifications :—

1. Each time they require to call in a doctor.
2. Any contact with infectious disease other than puerperal pyrexia.
3. Stillbirths.
4. Death of infant or mother.
5. Substitution of artificial feeding for breast feeding.

All eye cases, stillbirths, deaths of infants and puerperal pyrexia are visited, and where necessary special nursing is provided by arrangement with the Salford District Nursing Association.



The following tables give details of the notifications received from midwives during 1940 :—

#### Medical Assistance.

During the year, 793 notifications of a midwife having sent for medical assistance were received, the causes being as follows :—

Deformed Pelvis .....	3
Abnormal Presentations .....	37
Placenta Prævia .....	2
Ante-partum Hæmorrhage.....	27
Post-partum Hæmorrhage .....	23
Uterine Inertia.....	70
Obstructed Labour, or requiring instrumental assistance	105
Retained Placenta or Membranes .....	15
Ruptured Perineum .....	226
Rise of Temperature .....	25
Eclampsia .....	2
Premature Birth .....	18
Miscarriage and Abortion .....	14
Inflammation of Eyes .....	133
Other causes relating to Mother .....	55
Other causes relating to Child .....	38
Total.....	793

#### Contact with Infectious Disease.

Three notifications of contact with infectious disease were received from midwives during 1940. In each case the midwife was disinfected at the Mode Wheel Disinfecting Station.

#### Investigation of Stillbirths.

Forty-four stillbirths were notified by midwives in domiciliary practice during 1940. Each case was thoroughly investigated and the cause found to be as follows :—

- 3 Abnormal Presentation.
- 4 Premature Birth (3 of which were macerated);.
- 2 Ante-partum Hæmorrhage.
- 4 Difficult Labour.
- 5 Deformities of Fœtus (1 of which was macerated).
- 3 Toxæmia of Pregnancy.
- 4 General ill-health of mother (1 of which was macerated).
- 9 Macerated Fœtus.
- 4 Cause unknown.
- 6 Born before arrival of help (Coroner's inquiry held in each case :  
Verdict—Natural causes).

In four of these cases there had been no ante-natal supervision.



**Ophthalmia Neonatorum.**

Fifteen cases were notified during the year. In one of these cases the amount of inflammation was acute and both eyes were affected, and the infant was removed to the Manchester Royal Eye Hospital for treatment. The remaining 14 cases were very slight and all 15 recovered.

**Pemphigus Neonatorum.**

Three cases of Pemphigus Neonatorum were notified during 1940. Of these, two occurred at Hope Hospital and one in the domiciliary practice of a midwife.

**Puerperal Pyrexia.**

Forty-eight cases were notified during the year.

32 cases occurred in Hope Hospital.

12 cases occurred in the domiciliary practice of midwives (6 were removed to hospital).

4 cases occurred in the practices of doctors, and were removed to hospital.

All district cases were thoroughly investigated by the Non-Medical Supervisor of Midwives and every precaution taken to prevent the spread of the disease. This includes the temporary suspension of the midwife and disinfection of her person, bag and clothing, and the careful supervision of other cases then being attended by her.

As the Regulations require prompt notification of any rise of temperature, special attention, and if necessary, the services of a consultant are quickly available.

Bacteriological examinations of lochia and blood are made on request at the Municipal Laboratory.

**Investigation of Infant Death.**

Twenty-three Notifications of Infant Death were received during 1940, the causes being as follows :—

- 8 Prematurity and Debility.
- 2 Congenital Malformation.
- 4 Congenital Heart Disease.
- 2 Intra-cranial Hæmorrhage.
- 3 Convulsions.
- 4 Pulmonary Atelectasis.

**Artificial Feeding of Infants.**

During the year 1940, 37 Notifications of the substitution of Artificial or Supplementary Feeding for Breast Feeding were received, the reasons given being as follows :—

In 7 cases artificial feeding was ordered by the doctor in attendance.

21 mothers had insufficient secretion of breast milk.

1 mother refused to feed her baby.

6 mothers were unable to feed their babies owing to general debility.

2 were artificially fed on account of hare lip and cleft palate.

## SECTION VIII.

# Hope Hospital.

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**General.**

The tragic events of the early morning of the 23rd December, 1940, have completely overshadowed the record of the Hospital activities for the year 1940 and have formed a grievous and sad termination to an otherwise pleasant and creditable year of solid achievement and hard work. The various departments in general show an increase in their activities compared with the previous year and more generally approximate to the volume of work undertaken in the year 1938.

On September 5th the Hospital received a direct hit with a high explosive bomb during an air raid, the damage sustained being in the administrative section of the South Annexe with happily no injury to the patients or staff. And then, almost at the end of the year, the Hospital was hit again, this time by a land-mine which exploded close to the main clock tower on D Block. The material damage was extensive and severe, yet no patient sustained more than minor abrasions and shock.

It is impossible to pay just tribute in the limited space available to those who lost their lives, except to say that in this fell blow the Hospital lost at once almost the flower of its staff. Dr. Giles had this year, completed 25 years of service as Medical Superintendent of Hope Hospital, and on the 5th October had been presented by the Chairman of the Health Committee with a Defence Bond for £125 subscribed by past and present members of the staff to a testimonial fund. This ceremony took place at the Annual Nurses Re-union when there was an ample and generous demonstration of the affection and esteem felt for Dr. Giles by all members and sections of the Hospital Staff, past and present. A similar service had taken place some years earlier to celebrate the 21st year since the appointment of Miss Ross as Matron, and she had this year completed 27 years of service as Matron of the Hospital. The other members of the staff were valued officers held in high regard by all, able and devoted in their service. Mrs. Giles and Mrs. Hankins had been associated with the Hospital intimately for many years through their husbands and their loss to the Hospital was as real and painful as that of the staff.



The Hospital was sorely stricken—all services, heat, light, gas, water, telephones, etc., were destroyed, but evacuation of the patients commenced within a few hours and was gradually completed, some 800 patients being sent home or to other Institutions in the course of the next few days. The destruction of the Offices with all the records and books proved an added difficulty in the general calamity but in two days' time the Hospital was standing by with empty beds ready for further casualties if required, and by the end of the month it was already admitting and treating patients requiring urgent medical attention. Work proceeded gradually with the restoration of the services under the direction of the Steward and the staff of the City Engineer. The members of the staff worked heroically to restore order out of chaos and to enable the Hospital to function again. The end of the year found the Hospital just beginning to work again in a modified and restricted way with every hope of a gradual increase in all directions.

During the year there were considerable alterations in the organisation of the Hospital from time to time. Wards were cleared for casualties, E. 1 Ward was transformed into the receiving ward, the Out-Patient Department was transferred to Pavilion 1 of the South Annexe and the Old Concert Room, which previously housed the Out-Patient Department, was made into a Gas Decontamination Unit.

### Medical Staff.

The changes in the staff of Resident Medical Officers were as follows :—

In May, Dr. Carmichael, Acting Resident Obstetrical Officer, left to join the Royal Naval Medical Service and his place was taken by Dr. Johann Kruger.

Dr. Pearson, Assistant Resident Obstetrical Officer, resigned in order to join the Royal Air Force Medical Service and the vacancy was filled by the appointment of Dr. Grimshaw in October.

On the staff on 1st January, 1940.	Appointed during the year.
Dr. Bailey.	Dr. Clayton (February).
Dr. Lawton (left January).	Dr. Bates (April).
Dr. Dick (left April).	Dr. Webb-Jones (July).
Dr. August (left July).	Dr. Hall (September).
Dr. Rutter (left September).	Dr. J. Gifford (December).
Dr. Libman (left September).	Dr. L. Gifford (December).
Dr. Coc (left December).	

Mr. Simmons, Visiting General Surgeon, resigned in February, 1940, and Mr. T. S. Heslop was appointed temporarily to fill the vacancy. He carried out the duties until the end of the year when he left for military service on the 11th December, 1940.

Dr. Gall offered his services voluntarily as Anæsthetist, and his assistance during the year was much appreciated.

The following consultants were called in during 1940 :—

Dr. Duthie (Ophthalmologist) on 10 occasions.  
Mr. Rowbotham (Neurological Surgeon) on 14 occasions.  
Dr. Mumford (Dermatologist) on 2 occasions.  
Mr. J. F. Heslop (Genito-urinary Surgeon) on 3 occasions  
Dr. S. B. Smith (Ophthalmologist) on 1 occasion.  
Dr. Faulkner-Hill (Anæsthetist) on 1 occasion.

### **Medical Wards.**

Staff—Dr. Mackay, Whole-time Physician.  
Dr. Langley, Visiting Physician.  
Assistant Medical Officers allocated to the Medical Wards.  
Miss Rogers, Visiting Electrocardiologist.

Dr. Mackay reports as follows :—

GENERAL WORK.—The number of patients requiring special investigation and treatment continued to be high and the wards were unusually full, indeed, during busy periods, accommodation had to be found for patients in other wards

It has to be reported that 53 cases of meningococcal meningitis were admitted to the hospital—a large increase over previous years. The use of “Dagenan” (M. & B. 693) is now a routine procedure in the treatment of meningococcal meningitis and lobar pneumonia and the results give cause for satisfaction.

PULMONARY TUBERCULOSIS.—The total number of new cases diagnosed during the year was 48. One other known case of pulmonary tuberculosis was

admitted to hospital. All these patients were brought to the notice of Dr. E. N. Ramsbottom, Senior Tuberculosis Officer, at his weekly visits and arrangements made to enable him to take them directly under his care. Certain pulmonary cases attending the Municipal Chest Clinic were admitted to hospital as occasion arose for special forms of investigation and treatment.

The Electrocardiograph as an aid to diagnosis in the investigation of cardiac muscle function continued to be of great help. Reports on 375 electrocardiographs were made during the year.

MEDICAL OUT-PATIENT DEPARTMENT.—Work in this department continues to be less busy than in the years preceding the outbreak of war in 1939. New patients numbering 495 were sent by their private medical attendants for help in diagnosis, for investigation or for specialised treatment. Another 59 patients came to the department for observation and treatment on discharge from the wards. There were 755 return attendances by old patients.

The Diabetic Clinic was attended by an average of 67 patients per month. The total number of attendances during the year was 808. Protamin Zinc Insulin continued to be used in the treatment of all new cases of diabetes mellitus.

#### DIPHTHERIA AND SCARLET FEVER IMMUNISATION.

##### NURSING STAFF.

Number tested.....	123
Number found to be immune .....	87
Number susceptible to :—	
Diphtheria.....	30
Scarlet Fever .....	1
Diphtheria and Scarlet Fever.....	5

The susceptible nurses were immunised if they remained on the staff of the hospital.

#### Surgical Wards.

Staff—Mr. Brown, Whole-time Surgeon.  
 Mr. Simmons, Visiting Surgeon.  
 Mr. T. S. Heslop, Temporary Visiting Surgeon.  
 Mr. Milner, Visiting Orthopædic Surgeon.  
 Mr. McKelvie, Visiting Aural Surgeon.  
 Dr. Ghosh, Visiting Anæsthetist.  
 Mr. Pollitt, Visiting Dental Surgeon.  
 Assistant Medical Officers allocated to the Surgical Ward.



Mr. Brown reports as follows :—

The year 1940 has proved an active and busy year in the surgical department. With the closing of Park Hospital, Davyhulme, to civilian cases, a large proportion of the surgical work formerly undertaken there has been provided for at this hospital. This has included emergency as well as routine work and has formed quite a significant addition to the total volume of work done. In general the addition of this has tended to increase the proportion of active work compared with the less acute type of case. On two occasions during the year the department was called upon to deal with war casualties. On the second occasion, in December, about 80 casualties were treated in the hospital up to the time when it was struck and put out of action. The arrangements for admitting and treating these cases proved adequate and worked satisfactorily in spite of the handicap of reduced medical staff. This reduction was due to the fact that a number were off duty when the raid commenced and were not able to return owing to the intensity and severity of the raid. The orthopædic nursing staff were attached to the theatre staff and the arrangements for operating on and plastering the casualties worked very smoothly.

The total number of operations for the year was 2,421, being a decrease of 97 from the year 1939. This is more than accounted for by a decrease of nearly 300 in the number of tonsil operations, the result of the evacuation of the children. The numbers in other sections were largely maintained or even increased compared with the previous year.

The operations were distributed as follows :—

Full-time Staff :

Mr. Brown .....	628
Dr. Carmichael .....	340
Assistant Medical Officers .....	399
	<hr/>
	1,466
	<hr/>

*Errata.*

Dr. Kruger .....	340
Dr. Carmichael .....	99

Visiting Staff :

Mr. Simmons (General Surgeon) .....	34
Mr. T. S. Heslop (General Surgeon) .....	174
Mr. Milner (Orthopædic) .....	74
Dr. Addis (Gynæcologist) .....	98
Mr. McKelvie (Aural Surgeon) .....	354
Mr. J. Heslop (Emergency Surgeon) .....	67
Mr. Pollitt (Dental Surgeon) .....	143
Other Visiting Surgeons .....	11
	<hr/>

955

Grand Total ..... 2,421



The anæsthetics were as follows :—

General (Chloroform, Ether, Gas and Oxygen)	1,013
Spinal.....	846
Intravenous Anæsthesia.....	347
Local .....	179
Others (Twilight, Avertin) .....	38
	<hr/>
	2,421
	<hr/>

The anæsthetics were distributed as follows :—

Dr. Ghosh.....	313
Dr. Gall.....	202
Surgeons .....	338
Assistant Medical Officers .....	1,531
Visiting Anæsthetists.....	1
Twilight.....	36
	<hr/>
	2,421
	<hr/>

#### EAR, NOSE AND THROAT DEPARTMENT.

Surgeon—Mr. W. B. McKelvie.

As a result of the evacuation of the school children the numbers of cases treated in this Department were greatly reduced. The number of cases of tonsils treated was reduced by 295.

The figures for the year were as follows :—

New patients .....	451
Old patients .....	139
Cases referred from wards.....	182
Operations.....	354

#### ORTHOPAEDIC DEPARTMENT.

Surgeon—Mr. S. M. Milner.

The number of admissions to the wards was reduced but there has been an increase in the number of patients treated as out-patients.

The figures for the year were as follows :—

In-patients :

New admissions .....	326
Discharges .....	317
Deaths .....	23

Out-patients :

Attendances .....	1,209
Patients treated in the plaster room .....	1,631
Anæsthetics administered in the plaster room	135

**SURGICAL OUT-PATIENT DEPARTMENT.**—The work in this department continued steadily throughout the year with the various clinics. The number of attendances for dressings and treatments showed a considerable increase on the figures for the previous two years as also did the number of patients attending for investigation. During the latter part of the year the Out-patient Department was transferred to the Pavilion I of the South Annexe where it was established in conjunction with the First Aid Post. The new accommodation provided was more generous than that of the old concert room and although rather a distance from the centre of the hospital was appreciated considerably by patients and staff.

262 casualties were treated in the Out-patient Department and there were 799 attendances at the special Varicose Veins Clinic.

OPERATIONS DURING 1940.

	1938	1939	1940
1. Mouth (including teeth) .....	174	117	149
2. Abscess (various) .....	138	107	157
3. Gynæcological .....	545	494	566
4. Tonsils and Adenoids .....	833	611	316
5. Bones and Joints .....	84	111	115
6. Stomach and Intestines .....	137	136	173
7. Liver and Gall-bladder .....	17	26	27
8. Appendix .....	243	194	201
9. Hernia .....	148	140	164
10. Genito-Urinary .....	222	185	196
11. Hæmorrhoids .....	63	52	54
12. Breast .....	14	18	14
13. Ear .....	16	27	9
14. Empyema .....	21	20	17
15. Nose and Throat .....	56	35	40
16. Eye .....	2	2	3
17. Brain and Head .....	4	7	8
18. Thyroid .....	17	13	7
19. Various .....	155	158	116
20. Cystoscopic Examinations .....	81	69	89
Total .....	2,970	2,518	2,421

**Maternity Department.**

Staff—Dr. Addis, M.C., Visiting Obstetrician.

Dr. Kruger, Resident Obstetric Officer.

Dr. Grimshaw, Assistant Resident Obstetric Officer.

Dr. Kruger reports as follows :

During the first three months of the year attendances at the Clinics were fewer than usual owing to the previous evacuation of mothers but as the patients returned they gradually increased in number.

During the latter part of December following the damage done to the Hospital, no patients were admitted to the Maternity Department. In the period May to November admissions to the Maternity Department were confined to abnormal cases of primigravida and only in exceptional circumstances to normal multipara. This was made necessary by the pressure on the beds available for admissions.

Admissions to the gynæcological ward during the winter months were confined to the more urgent cases. The total number of gynæcological operations show an increase on the previous two years and during the whole of the year there was constant pressure on the beds available in the Gynæcological Department.

**STATISTICS.****1. WARDS.**

Total deliveries .....	1,418
(a) Booked cases delivered in hospital.....	1,185
Delivered before arrival in hospital	
(including maternal deaths, (2))	15
(b) Emergency cases delivered in hospital	203
Delivered before arrival in hospital	
(including maternal deaths, (5))	15

**INFANTS.**

(c) Stillbirths .....	69
Neo-natal deaths .....	42
(d) Abortions (excluding threatened).....	241
Threatened abortions .....	85

Total .....	326
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**2. CLINICS.**

(a) Ante-natal Clinic :	
Total number of attendances.....	7,278
Number of individual attendances....	1,324
(b) Post-natal Clinic :	
Number of attendances .....	533

## MATERNAL MORBIDITY.

Puerperal pyrexia .....	74 (of which 31 were notifiable)
White leg .....	3
Breast abscess .....	8
Acute mastitis .....	16
Puerperal fever (B. Welchii) .....	1

## MATERNAL DEATHS : TOTAL 8.

1. Placenta prævia.
2. Placenta prævia.
3. Cardiac failure following Cæsarian Section under spinal anæsthesia.
4. Shock following Cæsarian Hysterectomy for placenta prævia.
5. General peritonitis following difficult and prolonged labour.
6. Retained placenta. Post-partum hæmorrhage.
7. Hyperemesis gravidarum.
8. General peritonitis following abortion. Rupture of uterus.

## OPERATIVE AND OTHER CASES :

Cæsarian section .....	62
Reasons for operation—	
Contracted pelvis .....	44
Placenta prævia .....	10
Breech labour (primigravida) .....	3
Carcinoma rectum .....	1
Cardiac disease .....	3
Sub-septate uterus .....	1

## Other Operations :

Abdominal myomectomy .....	1
Low forceps delivery .....	143
Failed forceps .....	13
Abnormal presentation—	
Face .....	2
Brow .....	3
Shoulder .....	4
Prolapsed cord .....	4
Perforation of hydrocephalus .....	5
Manual removal of placenta .....	12
Extra uterine pregnancy .....	1
Uterus bicornute bicollis .....	1
Multiple pregnancy (twins) .....	11
„ „ (triplets) .....	1
Eclampsia .....	7
Pre-eclamptic toxæmia .....	80
Placenta prævia .....	24
Accidental hæmorrhage .....	16



## GYNAECOLOGY.

Number of admissions .....	451
Number of attendances at Clinic.....	1,158
Number of operations.....	472
Number of post-operative deaths.....	5
Cause of deaths :	
1. Panhysterectomy for carcinoma uterus.	
2. Colostomy for inoperable carcinoma rectum.	
3. Amputation of leg for gangrene of toes.	
4. Malignant ovarian cyst.	
5. Myomectomy.	

## Children's Wards.

Staff—Dr. Catherine Chisholm, C.B.E., Visiting Pediatrician.

Assistant Medical Officers allocated to the Children's Wards.

During the greater part of the year work progressed normally on the children's wards. In November the bulk of the children were evacuated to Baguley Sanatorium and, from there, were later transferred to Calderstones Institution. Thereafter admissions to the children's wards were restricted to absolutely urgent and necessary cases. It was the desire of the Ministry of Health to discourage the admission of children to the hospital as far as possible because of the situation of the hospital and its vulnerability.

## V.D. Cases.

Dr. Marinkovitch has continued to attend as Venereologist and Dermatologist. He has seen in-patients and also out-patients. The number of in-patients treated in the small wards allocated to V.D. were 63 males and 38 females. There was a decided increase in the number of skin cases treated in the hospital throughout the year.

## Treatment of Cancer.

The arrangements with the Christie Hospital and Holt Radium Institute have continued as in the past for the examination and treatment of cancer cases. No radium treatments were carried out here as, owing to the necessity for special precautions in regard to the safety of the radium and in view of possible air raids, all such treatments were performed at the Christie Hospital.

The number of cases dealt with was as follows :—

	1937	1938	1939	1940
Examined at the Institute.....	42	62	52	47
Treated here with Radium.....	15	16	33	Nil
Sent to the Christie Hospital for the application of Radium.....	1	7	11	21
Treated at the Christie Hospital as out-patients (deep X-rays).....	8	22	30	12

**Pre-mental Clinic.**

This clinic was established at the hospital in December at the request of the South East Lancashire Mental Welfare Committee. It was run by a Medical Officer from the County Mental Hospital, Prestwich, and from its inception in December to the end of the year there were 47 attendances.

**Laboratory Investigations in Pathology.**

Staff—Dr. Crawford, City Pathologist.

Dr. Lois Stent, Assistant City Pathologist.

Four Technicians.

The appended table gives a list of the investigations made in the laboratory during 1940. The total number of specimens examined was 17,421.

The examinations carried out under the emergency blood transfusion service are shown under a separate heading.

621 blood donors were bled, approximately a pint of blood being taken from each one.

A proportion of this blood was stored in the refrigerator and used for direct transfusions of whole blood to cases in the hospital suffering from severe anæmia or loss of blood due to injury or otherwise.

The remainder was stored as plasma which keeps much longer than whole blood and is used for cases of shock following burns or injury, a considerable number of such cases being admitted following air raids.

Both blood and plasma transfusions have proved their value and quite apart from their use in war-time are being given more and more frequently to patients who require them.

**STATISTICS, 1940.****BACTERIOLOGICAL EXAMINATIONS :**

Swabs for K.L.B. ....	3,237
„ „ Hæmolytic Strep. ....	965
Urine specimens.....	1,490
Exudates .....	630
Typing of sputa .....	145
Stools for culture .....	164
Smears for gonococci .....	205
Anærobic cultures .....	13
Blood cultures .....	171
Sputa for T.B.....	1,581
Estimations of antibody .....	3
Coagulase tests.....	41
Stools for T.B.....	10
Cervical swabs .....	340

## HAEMATOLOGICAL EXAMINATIONS :

Blood counts.....	461
Reticulocytic counts .....	486
Red cell counts .....	263
White cell counts.....	91
Fragility tests.....	3
Blood groupings.....	144
Sedimentation rates .....	351
Hæmoglobin estimation .....	259
Coagulation time .....	7
Blood films for parasites .....	21
Paul Bunnell reactions.....	1
Prothrombin index .....	3
Platelet counts.....	6
Sternal puncture .....	1

## PATHOLOGICAL EXAMINATIONS :

Cerebro-spinal fluids .....	273
Pleural fluids .....	59
Autopsies.....	188
Histological sections .....	695
Hair—? Ringworms.....	3

## BIO-CHEMICAL EXAMINATIONS :

Blood sugar estimations.....	1,313
Blood urea estimations.....	246
Urea clearance test.....	189
Fractional test meals .....	328
Stools for occult blood.....	575
Van den Bergh reactions.....	6
Milk Phosphatase reactions.....	48
Blood Inorganic phosphate .....	3
,, Calcium .....	8
,, Spectroscopic examination.....	2
Urine (chemical examination).....	764
,, (ascorbic acid estimation).....	28
Colloidal gold reaction .....	3
Tryptophane reaction.....	2
Urine (diastatic index).....	1
Blood (cholesterol).....	5
Urine (spectroscopic examination).....	2
,, (urea) .....	15
Urinary calculus (analysis) .....	1

## MISCELLANEOUS EXAMINATIONS :

Smears—? Trichomonas Vaginalis.....	73
Fæces—? Worms.....	9
Meningococcal grouping .....	5
Streptococcal grouping.....	6
Testing of Theatre Autoclave.....	8
Vaccines.....	11
Mouse inoculations.....	85

## EMERGENCY BLOOD TRANSFUSION SERVICE :

Grouping of donors.....	50
Bleeding of donors .....	621
Withdrawal of plasma .....	350
Sterility tests on plasma.....	350

Total .....	17,421
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GENERAL.—The Maintenance Staff of the hospital during the year was mainly occupied in protective work against air raids. The windows of the wards and nurses' home were treated with anti-shatter liquid and in some departments wire screens were made as protection against flying glass. After the hospital annexe (O.P.H.) and hospital received direct hits by high explosive bombs, the necessary repairs to the affected services were carried out by the staff. The main sewer of the hospital was severely damaged and with the help of the City Engineer's Department a temporary shore was run, whilst the main repair was carried out.

A system of fire watchers from the staff was put into operation and the nucleus of a fire watching squad was always on duty throughout the year.

Volunteer stretcher bearers were called for and about 80 men and boys responded. These were made up from 40 men living in the near vicinity of the hospital and 40 boys from the Salford Grammar School, Manchester Grammar School and De la Salle College. A rota system was put into operation and about 12 men and boys sleep in the hospital every night for duty. The stretcher bearers proved of great assistance to the hospital when the annexe and hospital were hit. Their work has been excellent especially when casualties have been received at the hospital.

During some of the raids on the city, citizens who had been rendered homeless were sent to the hospital and temporarily housed and fed. On several occasions, dockers who had been transferred from other areas, were housed and fed while billets were being found for them.



Medical requisites, clothing and food are held in reserve in the hospital stores for issue to the First Aid Posts, the Mobile Units, Rest Centres and other departments.

The work of the staff after the air raids was of a high standard and the cheerfulness and willingness to carry out any job irrespective of trade, deserved the highest praise.

One of the barrage balloons broke loose and fouled the hospital building and main chimney with the cable.

#### GROUNDS.

Despite the restriction of petrol, air raid damage, and sandbagging, the grounds have been maintained as colourful as possible.

#### WATER SUPPLY.

A system of water tanks to give an extra reserve supply of water was installed throughout the Hospital, Annexe and Nurses' Home.

#### DECONTAMINATION AND FIRST AID POSTS.

Number 1 Pavilion of the Old Peoples' Home was converted into a Decontamination Unit.

#### AUXILIARY FIRE SERVICE.

The lodge and ante room of the Old Peoples' Homes were converted to house an A.F.S. Unit and personnel.

## STATISTICS.

## I. GENERAL.

	1939.	1940.
In Hospital on 1st January.....	866	869
New Admissions.....	8,939	9,616
Live Births.....	1,215	1,338
Totals.....	10,154	11,823
Discharges during the year.....	9,043	10,746
Deaths .....	1,108	1,483
Remaining under treatment at the end of the year.....	869	406
Totals.....	11,120	12,635
Mortality .....	10%	13%

## 2. X-RAY DEPARTMENT.

Number of patients.....	4,582	4,662
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## 3. DEPARTMENT OF MASSAGE AND ELECTRO-THERAPEUTICS.

(a) *Massage.*

Number of in-patients .....	317	336
Number of out-patients.....	349	376
Totals.....	666	712

## Number of Treatments :—

In-patients .....	5,324	7,084
Out-patients .....	6,307	6,530
Totals.....	11,631	13,614

(b) *Electro-Therapeutics.*

In-patients .....	204	241
Out-patients .....	250	342
Totals.....	454	583

## Number of Treatments :—

In-patients .....	6,346	6,144
Out-patients .....	4,647	6,146
Totals.....	10,993	12,290

## 4. OUT-PATIENTS' DEPARTMENT.

	1939.	1940.
Dressings and Treatments.....	14,234	16,065
Consultations, etc.....	4,314	6,231
Totals.....	18,548	22,296

## 5. DEPARTMENT OF PATHOLOGY.

Autopsies Conducted.....	200	188
Specimens Examined.....	16,727	17,241
Totals.....	16,927	17,429

## 6. MENTAL WARDS.

	1939.			1940.		
	Male.	Female.	Total.	Male.	Female.	Total.
Patients under treatment on 1st January .....	60	86	146	69	87	156
Patients transferred from County Mental Hospital....	—	—	—	—	—	—
Patients admitted during the year .....	156	157	313	143	163	306
Totals.....	216	243	459	212	250	462

## DISCHARGES.

	1939.			1940.		
	Male.	Female.	Total.	Male.	Female.	Total.
Released c/o Friends.....	48	38	86	35	40	75
Transfers to Mental Hospital....	41	27	68	100	114	214
Released to other Wards.....	9	36	45	15	40	55
Released to other Institutions..	—	—	—	3	4	7
Discharged during the year.....	98	101	199	153	198	351
Deaths during the year.....	47	32	79	59	52	111

TABLE SHOWING INCREASE IN WORK OF THE HOSPITAL SINCE 1914.

Year.	Admissions.	Births.	Discharges.	Deaths.	Average Daily No. of Patients.	Operations.
1914	2,728	12	2,135	591	749	149
1915	1,632	4	1,393	491	514	160
1916	1,330	—	941	353	439	175
1917	1,263	3	1,058	335	407	145
1918	1,402	16	1,104	391	303	144
1919	1,559	7	1,056	348	339	107
1920	2,516	64	1,736	451	689	163
1921	3,335	227	2,899	617	858	332
1922	3,720	263	3,272	745	888	395
1923	4,463	250	3,749	815	870	430
1924	4,416	182	3,742	922	811	523
1925	5,315	293	4,292	1,015	868	802
1926	5,471	366	4,839	903	943	882
1927	5,801	409	5,125	1,003	943	882
1928	6,430	559	5,545	926	960	1,076
1929	7,477	674	6,936	1,141	918	1,403
1930	7,583	685	7,150	1,038	969	1,807
1931	7,963	812	7,762	1,093	919	2,004
1932	8,521	843	8,156	1,052	961	2,186
1933	8,031	615	7,572	1,084	940	2,201
1934	7,893	745	7,584	1,081	940	2,080
1935	8,371	782	8,079	1,020	912	2,152
1936	9,504	961	9,291	1,122	977	2,691
1937	10,156	1,086	10,012	1,241	1,021	3,035
1938	11,059	1,312	10,042	1,077	937	2,970
1939	8,939	1,285	9,043	1,108	867	2,518
1940	9,616	1,338	10,746	1,483	1,060	2,421